

THERAPEUTIC HINTS

of

DR. MAHENDRALAL SIRCAR, M.D., D.L., C.I.E.

BY

A. N. MUKERJEE, M.D. (Phila.)

Graduate—Hahnemann Medical College, Phila., Medico-Chirurgical
College (Allopathic), Phila. Late Resident Physician—Children
Homoeopathic Hospital, Phila. Member—American Institute
of Homoeopathy, U.S.A., International League of Hom-
oeopathy, Geneva. Corresponding Member—British
Homoeopathic Society, London. Vice-President—
Calcutta Homoeopathic Medical College,
Physician-in-Charge, Children Dept.,
Calcutta Homoeopathic Medical
College and Hospital.

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PREFACE.

The twentieth century might be hailed as the Renaissance of Homœopathy. A new spirit of appreciation of the wonders of Homœopathic treatment imbues the present age. Homœopathy as opposed to Allopathy, has come to stay all over the world. India, in particular, seems to have grown of late, more attachment to this system of curing diseases than any other prevailing in the country. Of course, many a cogent factor has contributed to this undisputed success of its wide-spread practice. The hidden hopes that swam in the dreams of Hahnemann, as he researched and experimented, bore a silent promise too great to be overlooked or ignored by keen culture. Many an eminent Allopath was tempted, as a matter of fact, to take to Homœopathy in consequence of its immense potentialities. Dr. Mahendralal Sircar, M.D., D.L., C.I.E. of respected memory did actually take to its practice after four years of intense study, despite the fact that he was an eminent Allopath and an M.D. of the Calcutta University. A man of great culture endowed with the clearness of vision and the scientific spirit of the test, he did not find any fault with the Homœopathic system. He did not find any fault with the Homœopathic system.

This little volume written in the nature of a compendium of the unique success of Dr. Sircar, seeks to explain the miracles that can be achieved by Homœopathy. The wonderful performances of Dr. Sircar, which were nothing short of miracles, prove beyond doubt the outstanding efficacy of Hahnemann's Homœopathy. And the young aspirant would do well to go through this book, if he wants to be inspired or enlightened. Any doctor who professes to be an Homœopath must have the seeing eye of a scientist and the feeling heart of a poet. And a very fine attempt has been made in this compendium to reveal this fact to the students of this highly subtle system. It is to be always borne in mind that there are only sick people and not diseases and the Homœopath who wants to treat his patient with any moment of confidence must needs be intuitively sympathetic. The sole aim of the work in view is to impress this fact on all who are interested in Homœopathy. A patient perusal of it will no doubt, convince the reader of its purpose. And that is, I believe, an ample reward for the author as well as the publisher.

6, Rajabganj Street)
Calcutta)

A. N. MUKERJEE

PREFACE TO THE SECOND EDITION

The Editor represents his wish to the first edition, has endeavored to bring out the Second Edition at the shortest time, with a view to all sorts of goods is the only state. The order of prices had to be printed. But in our recent days, the price of various goods, proportion of real value. However, in addition, the price of the book is considered with the cost of material and labor, the price is reduced.

THE EDITOR

HARVARD UNIVERSITY

PREFACE TO THE THIRD EDITION

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THE EDITOR

HARVARD UNIVERSITY

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DR. SIRCAR'S THERAPEUTIC HINTS

A Case of Mental Disease and Convulsions brought
on by sitting in Spiritual Circles

Babu C L P. thought it his duty to inquire into the truth of spiritualism. He accordingly began sitting in spiritual circles in July or August, 1867, and continued to do so for some months. While in these circles he used to get convulsions or shocks in the upper and lower extremities. These gradually became more and more threatening, till after the lapse of 4 months, they settled down into a serious disorder, of which the chief symptoms were the following—

He received nervous shocks during prayer and sleep at night, and sometimes also at other hours, in the hands and legs. He felt great heat the head. Peace of mind forsook him. He heard near distinct voices speaking from within. He felt much nervousness and tremor in the language. He felt much distress. A European friend of his

he was surrounded there, nor the beautiful natural scenery in the midst of which he resided, availed him anything to soothe his troubled spirit, and relieve the pangs and the agonies which were tormenting him. After 3 weeks' residence at Monghyr he returned to Calcutta.

From the time of his return to Calcutta to the end of August he was sometimes under native, sometimes under English treatment. During this time his disease raged fearfully. The nervous shocks convulsed him frightfully. Vicious abominable thoughts, chiefly of a lustful character, troubled him continually. Sometimes the workings of his mind were of a ludicrous, sometimes of a grave nature. Sometimes he would laugh, and sometimes cry, against his will. He experienced sensations of various kinds, creeping, warm, throbbing, shifting, running, encircling, and such like. These sensations were felt in all parts of his body. Visions and apparitions of persons living and dead troubled him greatly. All hopes of his recovery were given up. Nothing was left but to let him die. He died on the 10th of September 1844. He was buried in the cemetery at Calcutta.

a curious phenomenon for which we had often to suffer, that though it is at the last moment that Homœopathy is had recourse to, she is always blamed for the unfavourable termination which is inevitable and indeed at the prospect of which her aid is sought. These considerations did not, however, deter us from undertaking the treatment of our friend.

We gave him no medicine on the day we first visited him. We took time to study his case. On the following day we prescribed *Zinc. met.* 6, as very nearly covering his mental state and his physical disturbances. The very first dose had a most remarkable effect. The dose was given at about 8 in the morning, and at 9 sleep, which seemed to have forsaken him came over and spread balm over his troubled spirit. He had enjoyed it for about an hour or a little upwards, when he was awakened by a noise. Nevertheless, though thus disturbed he felt considerably relieved and refreshed. In the course of two or three days, the nervous shocks were a great deal subdued. In the course of a week he could go out to a neighbouring friend. The first sign of real improvement in the mind which he perceived was, he tells us, rise of a desire to sing hymns which was his wont in health.

After the lapse of a week from the commencement of treatment, an inflammatory blush was visible on the skin a little below the middle of the right clavicle. There was pain on pressure, and in the course of two or three days, the part became swollen. There was some feverishness associated with it, which was subdued by a few doses of *Aconite*. The swelling not subsiding, we prescribed *Heper sulph.* 6, which brought it a head in a day or two. We opened it and found it deep-seated, beneath the pectoralis. The wound healed in about a week. It is remarkable that the nervous shocks greatly subsided, coincident with the first appearance of the swelling, and they well-nigh disappeared after the healing up of the abscess.

Thus in the course of a month our patient was so far himself again as to be able to write long letters about his illness to his friends. Since then he was steadily improved and can now be safely pronounced to be all right. He only occasionally suffers from abnormal sensations, and from his old biliousness, but these are easily dissipated, the former by a dose or two of *Zincum*, and the latter by similar doses of *Nux vomica*. There was this thing remarkable in the treatment of this case, which we have often observed also

in the treatment of other chronic complaints, namely, that we had to intermit our remedies and we had to change their dilutions. We had to go higher and higher till we reached the 200th, and we have now descended to the 6th which we find useful again.

Remarks

This case is peculiarly interesting in many respects. In the first place, though it does not throw any light on "Spiritualism", a great topic of the day, it shows at least one thing, viz.—that what is called a spiritual circle, formed by several individuals sitting round a table with the hands of each individual being in contact with those of his neighbours, and with their attention directed towards one object, is an arrangement, which whatever might be its 'spiritual' effects, does produce appreciable physical effects, more or less felt by all the members of the circle, but especially by one or two of delicate fibre and peculiar nervous susceptibility. I have known several individuals who have received shocks while sitting in the circle, and I have known a few who have suffered much in health, from continuing the experiment for sometime and I have known one who, after long-continued illness traceable to this cause, at last fell a victim to it. I am almost sure our friend's fate would have been the same had it not been for the intervention of Homœopathy. Whether the cause is a direct one for the reception of the shocks, or is the spiritual world is

suspicion", till at last faith was established upon conviction forced by the remarkable efficacy of the medicines.

We cannot avoid taking this opportunity to draw attention to the especial, inestimable value of Homoeopathy in mental disorders. A grand distinguishing characteristic of the system, one which shows its founder to have been a profound observer and a genuine discoverer is, that it takes notice of the influence which drugs exert upon the functions of the mind. Homoeopathy thus practically recognizes a physical basis for psychical diseases, and it has been eminently successful in their treatment

A Case of Mental Disease

A boy was brought to me on the 25th April 1869 with the following symptoms. Costiveness, no stool for 8 days, disposed to drowsiness, has not spoken a word for 5 days. Suspecting all this was probably due to the action of opium which the boy might have taken in some shape or other I prescribed *Nux v 6*

26th April Had a stool this morning and seems to be more active

In a day or two he became all right. He remained well till the 10th May

11th May As bad as when he was first brought to me. The bowels were not constipated

no time, but he would not utter a word. I could not satisfactorily trace the cause of the relapse. All that I could gather from the guardian was that he had been long in the sun yesterday, having fainted. I therefore prescribed *Carbo c.* 30.

13th—No change for the better. I resumed *Nux c.* which had done so much good.

15th—No better. *Camphor* three times a day.

16th—No signs of improvement. He remains quite dumb and apathetic. Great difficulty in making him eat. *Puls.* 6 thrice daily.

17th—Seems more rational.

In a day or two he was all right and has continued so. Has become a voracious eater.

Remarks

This case speaks for itself. Homoeopathy has proved as much a boon to the unfortunate sufferers from diseases of the mind as the non-restraint system introduced by the great Finel.

A Case of Rheumatism

10th August 1869—Babu M. Chakravarti aged 48 was under Allopathic treatment for 12 days for rheumatism. Iodide of Potassium was given to the extent of 60 grs. a day, but without any perceptible impression upon the disease. I

following were the prominent symptoms when he placed himself under Homoeopathic treatment: Considerable inflammatory swelling of the knee, ankle, elbow and wrist joints, and of some of the small joints of the feet and hands, great pain fever, sleeplessness, obstinate constipation, and inability to move. Bryo 3, $\frac{1}{2}$ drop thrice daily.

11th—No change Lach. 6, $\frac{1}{2}$ drop thrice daily

12th—Had one clear stool yester-afternoon, after which he felt considerably relieved. Swelling reduced to nearly half Lach. only one dose.

In the evening pain and swelling much less; fever very slight, able to walk with the help of a stick

13th—Slept well last night. Swelling and pain of right leg and left hand have disappeared. Lach $\frac{1}{2}$ drop only once Much better in the evening, pain in the left leg less, no fever

14th—Had eaten more food than he could digest last night, in consequence of which he felt somewhat uneasy in stomach in the morning, which disappeared by evening Had only one dose of medicine One clear stool slept well, no fever

15th—Very slight pain in the toe and two fingers of the right hand. Lach. one dose One

stool; quite easy in the evening; no fever; slept well.

16th—Doing well. No medicine.

17th—To prevent a relapse and to complete the cure as it is called, a dose of Sulph. 12 was given in the morning. Unfortunately a false step was made in the afternoon in consequence of which the right foot was sprained, which swelled a little and became painful. There was slight fever in the night.

18th—Rhus Tox. 3 to be taken thrice. Rhus lotion to be applied to the painful part. By evening the pain was less, and there was no fever.

19th—Rhus twice internally; the lotion was repeated.

20th—for the slight pain remaining *Lach.* was resumed and continued till the 24th, after which he was quite well.

A Case of Infantile Convulsion

(Reported by an L. M. S.)

A child aged 1 year 9 months had malarious fever in the month of October 1868, in the district of *betawan*. Since then he used to have fever at intervals, but he had never undergone any systematic treatment for the same except occasional doses of *Homœopathic remedies*.

when the fever used to be rather severe. About a fortnight previous to the present occurrence the fever became rather obstinate and at this time a slight enlargement of liver was noticed. About this time he had looseness of bowels too and used to pass from 6 to 9 stools a day, the stools becoming more numerous and urgent during the night; and he was ordered to have Arn. 6. This was continued 3 or 4 days and the looseness and fever abated a good deal, but owing to some irregularity in diet the child had again had the fever on the 19th August 1869, the fever was rather of a continued type and he was ordered to have *Silica* 6.

21st August—The heat of skin rather great, pulse full, has got cough—no medicine

22nd—No abatement of symptoms, *Aconite* 6.

23rd—The fever symptoms and cough much the same but they began to increase in severity till at 4 P. M. it was observed that the skin of the child was very hot, pulse 180, tongue coated, abdomen bloated, occasional starting and tremors of the hands, lying in a state of half-drowsiness, bowels not moved since the morning. Dr Sircar was immediately sent for and in the meantime the child had *Bell* 6

At 6 P M., the child had convulsion attended

with foaming at the mouth; at this time he passed a large liquid stool about 10 to 12 ozs.

Dr. Sitar arrived at 7 P.M. and found the child insensible, with full bounding pulse, hoarse breathing and congestion of the lungs; ordered Bryon 6 every half hour for three doses.

At 10 P.M. had another convulsion, and the child's feet were placed in warm water and cold applied to the head for about 3-fourth of an hour; the fit lasted for nearly half an hour, and the child became more sensible.

24th Aug. No fever in the morning—but the fever returned at 3 P.M. with precisely the same symptoms as on the previous day without only the convulsions; hot applications to the feet and cold to the head was had recourse to, but the child remained in a state of drowsiness till 5 P.M. At 9 P.M. the Doctor called in and changed the medicine to Bell. 30; bowels moved twice after the exhibition of the above.

25th—No more fever, bowels moved 3 times copiously—cont. Bell. 30.

26th —Well! Bell. 30 one globule.

27th —A peculiar rose-coloured eruption was observed on the face which subsided of itself.

28th —Bowels moved for 2 days.

29th—Bowels moved—cured.

Remarks

I have been induced to bring forward this case to the notice of the profession simply for showing what advantages Homoeopathy offers in such cases. Had the the parents placed the child under the treatment of an old school physician, I dare say—the child would have been half dead by the application of at least 3 or 4 blisters, mustard plasters, not to speak of the administration of very strong and powerful remedies internally. The successful treatment of such severe cases by infinitesimal doses of medicine, ought at least to induce our professional brethren to give Homoeopathy a fair trial.

A Case of Mental Disorder brought on by using Siddhi or Hemp leaves

Woomesh Chunder Paul, aged about 22, student, residing at Garden Reach, became perfectly insane in the course of two or three days about the end of February 1867. On enquiry it was found that he had indulged himself for several days previous to this occurrence in large doses of siddhi (hemp leaves) both by drinking it in the shape of an infusion as is used by the natives and siddhi drinkers, as well as by smoking it in pipe. The result of this (as candidly confessed by himself

after his recovery) was, that he felt strong giddiness and burning sensation in head. Sleep forsook him altogether and he grew very irritable in temper. He said he had to pass several nights without being able to close his eyes for a moment in spite of his attempt to smoothe his troubled spirits by sleep.

While in this state of mind, an event occurred which at once set fire as it were to the combustibles with which his brain was full and which were well nigh ripe for explosion. There was a piece of land close by his dwelling house which he had a great longing to possess, whenever an opportunity would offer for sale. On hearing that a neighbour of his has privately tried to purchase it, he rushed forth from his house and raised a violent quarrel both with the purchaser and the seller with unusually loud vociferations. From that very day he began to loose consciousness, reason, memory, &c. On the following day he was found in a very melancholy mood, looking steadily at any one who would go near him and was not at all aware of the power of speech. He remained in this state for three days.

The following day he was found in a more cheerful mood.

He was then taken to the hospital and remained there for three days.

He was then taken to the hospital and remained there for three days.

to the cause of his doing so, he expressed excessive fear as if some evil spirits were coming to crush him. He used to cry out at intervals "Lo he is coming to catch me." In the course of two succeeding days all the symptoms of perfect madness were manifest. He became so violent and ungovernable that his relatives were compelled to tie his hands and legs in order to prevent him from doing injury to others which he had actually done in two or three instances.

In this state of affairs he was removed to Calcutta and placed under my treatment. He nearly recovered his wonted condition of mind and body under *Nux Vomica*, and in the course of a fortnight he was so well that he was taken back to his house at Garden Reach, which was about the end of March 1867. He remained quietly for nearly three weeks without exhibiting any evident signs of madness, except an unusual brilliancy of his eyes and a peculiar casting of his looks. At the end of this time the disease relapsed with great virulence and assumed a fearful aspect. He was now treated by his uncle Allopathically for nearly a fortnight, during which time he was blistered and physicked and used to be beaten so severely that his constitution was at once shattered and he was reduced to a starved

He was very much distressed by the fact that he could not command a sleep of any kind. The 1st of May was marked by that frequent condition of sleeplessness which is quite frequent for the winter months. The symptoms of the disease in the head were not so marked as they had been in the winter months. The 1st of May was marked by the fact that the patient was not able to sleep. The 1st of May was marked by the fact that the patient was not able to sleep. The 1st of May was marked by the fact that the patient was not able to sleep.

A Case of Inflammatory Suppuration of the Womb

B., a respectable Hindu lady, had premature labour in the 7th month, on the 3rd September, 1869, the child had lived 48 hours. After the lochial discharge was over, a neuralgic sort of pain settled in the uterus and in the right ovarium, for which she was under my treatment for sometime. Not being satisfied with the result of the treatment, and being under the impression, that I slight her ailment, she called in an Allopathic physician under whose treatment she remained for about 3 months. All this time she was kept under morphia, chloroform, sherry, and tincture of muriate of iron, with indifferent benefit. The fact is, that under the perpetual narcosis that was induced by these drugs, the patient could not much feel the pain, and hence believed she was recovering. The disease, however, was merely suppressed, and not radically cured, as was apparent from the discontinuance of the drugs, when the pain was felt as severely as at the commencement of the treatment. The Doctor, therefore, suspected ulceration of the cervix uteri, and advised examination per vaginum by a midwife. Unfortunately the midwife recommended was an ignoramus the examination made was very

rude, and the result was the lighting up of very severe inflammation of the womb. There was considerable swelling of the organ, and extreme tenderness on the slightest touch over the supra-pubic region. There was also inflammatory fever, costiveness, and most distressing sleeplessness.

On the 31st December 1869 she agreed to be placed under Homoeopathic treatment, which the husband, though an amateur, undertook himself as the patient had contracted a dislike for me. The husband treated her for a week, with Merc. Corua and Fluor but without being able to do her any good. Being the family physician I was obliged to attend, and finding her very bad, took up her case against her will. This was on or about the 8th January. At first I gave her Merc. again but without any avail. The fever increasing I gave her Acon. C. which reduced the fever, but did not in the least abate the pain or the swelling. There was copious discharge of purulent matter from the womb, there seemed to be some dislocation towards the uterus extreme tenderness on pressure, the gums were swollen and swollen, empty excoriations the urine was high coloured but no burning during micturition. All these symptoms continued for a week or more and she was very ill. I then gave her the following

described by the patient as that of fire being quenched by water. In the course of a month she was perfectly restored to health. Only a few doses of the medicine were given in the beginning. Latterly I used to give her unmedicated spirit for her satisfaction. She is now one of my best advocates, and looks upon me as a father.

A Case of Threatened Abortion from Gonorrhœa

(Reported by an L. M. S.)

A young Hindu lady of robust make, aged about 15, in her first pregnancy, in the 8th month of her gestation, was noticed to discharge blood from the vagina on the 12th March 1870, as she had menstruated three or four times since conception, this circumstance did not excite any fear. The hæmorrhage, however, did not stop as on former occasions at the end of the 3rd day; but on the contrary became rather profuse, so that on the 15th instant apprehension of speedy discharge of the foetus was excited and she was removed on the 16th March to the house of her father early in the morning in a gharry. Dr. Sircar called about 12 noon and prescribed Sabina 6.

17th—Passed clots of blood in the morning with pain in the uterine region. Dr. Sircar called at 10 P.M. and ordered Scab.

18th—Passed clots. Continued medicine.

19th—No improvement in the symptoms
Pulsatilla 30.

20th—As the symptoms did not improve, Dr. Sircar began to suspect that there must be some secret cause of all these, and on close scrutiny she confessed to be suffering also from burning in making water, with discharge of purulent matter with the urine; she was therefore ordered to have *Cannabis indica* 6.

21st—Burning much less, feels better, discharge of blood less.

22nd—No medicine; slight bleeding.

23rd—No more bleeding. From this day to the 26th she remained under treatment taking occasionally a dose of *Cannabis*. From the latter date she was able to get up and walk about.

It will not be uninteresting to bring into the notice of the reader that after the completion of the cure of the wife, the husband was discovered to be suffering from Gonorrhœa, and from his statements it appeared that he had been suffering from it before his wife got ill.

A Case of Urethritis in a Child

Presented to the Medical Society of the City of Calcutta, April 18, 1881.
Read by the Secretary, Mr. J. H. B. Sircar, M.D.

following symptoms—the penis was found swollen, there was thick purulent discharge from the urethra, the child complained of difficulty in making water, not from burning but from stoppage at intervals as if from spasm. No history of specific infection could be made out.

At 10 A.M Dr Sircar saw the child and prescribed *Cannabis* 6, a single dose of which was given to him at about 1 P.M.

In the course of the day the symptoms began to disappear and the child was considerably better on the day following. In the course of the next day the child was all right.

A Case of Neuralgia of the Musculo-Spiral (Radial) Nerve (right).

B. N. D. was playing on the harmonium when the right bellow gave way, in consequence of which he received a sudden jerk which darted from the right foot to the right side of the head. The pain became aggravated on resuming the playing of the instrument. A variety of remedies was tried for about a month, without being of much avail in extirpating the pain. The pain was of a neuralgic character traceable to the Musculo-Spiral (Radial) nerve, coming on in paroxysms, and inflicting the most distressing sufferings upon the patient.

A Case of Obstinate Sinus (Syphilitic) Cured by Iria

A young man, aged about 20, placed himself under my treatment on the 20th May, 1869, for a sinus in the left groin, the result of a bubo. He had syphilis, had taken mercury, and was very cachectic. I gave him Sulph. 6. Instead of improving he got fever, which was very severe and reduced him much. For this reason or what I do not know, he did not ask my advice again till the 1st August next, when finding him emaciated and bed-ridden and suffering from a regular hectic, and the discharge being ichorous, I gave him Ars. 30. This did him but little good, the fever abating only slightly, but the discharge from the sinus continuing as before. I therefore gave him on the 6th Sil. 6. The Silicea only irritated the walls of the sinus, without doing him any positive good. Gradually a swelling formed which extended from Poupart's ligament to near 3 inches above. This threatening to be an abscess I gave him Hepar Sulph. 6 on the 27th. This had the effect of causing rapid suppuration, the pus getting exit through the old sinus. The swelling became considerably reduced, but the improvement remaining stationary I put him on Sulph. 6. On the 3rd Oct. diarrhoea and in evening fever

25th—Do. 1 dose, stools almost natural.

26th—Do. 1 dose, ate half a pound of bran by stealth; passed loose stools.

27th—Do. 1 dose at 7 A.M.—passed loose mucous stools streaked with blood, at 10 A.M.—*Merc Cor* 2 doses, blood disappeared in the evening.

28th—*Merc Cor.* 1 dose at 7-30 A.M. and another at 5 P.M., stools thin and slightly mucous; no blood.

29th—No medicine Cured

A Case of Advanced Phthisis

This was a very interesting and instructive case, and although the termination was in death (no other result could be expected), it proved satisfactorily how beneficial is Homœopathy even in such desperate and moribund cases.

The history was that the patient Nilmini Pukras, aged about 21, was suffering for six months from consumption, and had been treated by the best medical aid available, but without any benefit. She was brought to me by her mother, and I was consulted on the 1st of April 1881.

alvine discharges. The expectoration was purulent as also the alvine discharges. In fact, there was very little difference between them, and sometimes it was impossible to distinguish between them unless previously told which was which. There was also hectic fever. As he had taken large quantities of Allopathic medicines, opium, stimulents &c. I gave him Nux. &c. This however did not produce any perceptible effect. The stools continued to be numerous, and the aim was to stop them somehow or other. Considering the condition of the lungs as well as of the intestines I prescribed Sassafras, this did some good but not much. The number of stools though somewhat diminished was still 2 or 3 sometimes 4 in the hour. I therefore thought of Nuxvomica, and prescribed the 4th. This did not alter the most remarkable character of the stools, but it did somewhat diminish the number, and the patient was more comfortable.

Nov. 11. 1844. The patient is now

Remarks

The two preceding cases have been taken at random from a large number in my case book, illustrating the remarkable control which *Silicea* exerts over the suppurative process. I would here notice, with the object of inviting the opinion, and stimulating the observation of my professional brethren, that I have observed one very singular peculiarity with respect to the therapeutic action of the drug which, as far as I can remember, has not come across my reading, namely, that it is more useful in open than in closed suppurations, and, in fact, my experience of the drug in these cases has not been very favourable. Generally I have found it to cause considerable irritation and consequent extension of the suppurative process. I have never, for instance, found it to discuss an abscess, which *Hepar Sulphuris* and other drugs have very often done. But the moment the matter finds an exit, either through an operation or by the natural course, it is then that the curative action of *Silicea* manifests itself. It has seldom failed me in open ulcers, fistulae, and sinuses, irrespective of the nature of the discharge. Sometimes ago I cured a very bad case of sloughing Dysentery, where the sloughs were large, granulous, and pus-infiltrated, and which must have left large, open ulcers on the surface of the large intestine.

A Case of Strangulated Inguinal Hernia

Ben. R. G. aged about 62, is subject to a hernia which protrudes through the

canal, for which he uses a truss. On the 14th November 1870, he had taken out the truss before going to the privy, and the effort at stool brought out the hernia. He could not reduce it as usual. On being sent for I found the gut had considerably descended through the inguinal canal into the scrotum so as to give it the appearance of a pretty large scrotal tumor. There was a good deal of pain and tenderness over the ring. I tried the taxis but could not use it effectively on account of the pain. I therefore prescribed the hydrate of chloral in 15 grains doses. The first dose sent the old man to sleep, so that on my return after about 3 hours I could handle the hernial tumor without inflicting much pain. I could not succeed in effecting reduction, and, afraid of causing mischief by too much meddling, I left him alone directing another dose of the chloral hydrate to repeat if necessary.

15th Nov - Another dose of the medicine was given as directed last night, and the patient was under its influence the whole of this day, but the attempt at reduction was as fruitless as on the 14th. I therefore did not meddle

with the influence of the medicine on the hernia. I

therefore ordered Nux V. 30, $\frac{1}{4}$ drop every 4 hours. After the 2nd dose the gut went up to itself.

Remarks

It may be asked why was not the Nux V. used at first and at once? The answer is, because in the few cases I had tried it before I did not succeed in effecting reduction with it alone. I had to use opium sometimes, and sometimes opium and chloroform, in massive doses to soothe the pain, to employ the taxis with advantage. I do not say that Nux V. alone or other suitable Homœopathic remedies may not have succeeded. I merely give my own slender experience. And I do not think that the course I pursued in this case and which was attended with such happy results, is inconsistent with true Homœopathy and unworthy of being adopted by any but the most stiff-necked and bigoted Homœopaths. In cases where the nervous system is engaged in considerable irritation, removal of that irritation by a palliative is not an irrational or an unscientific procedure. On the contrary to grope about in the dark, hunting after suitable remedies while our patient is writhing under torture, and when an obvious and a known reliable palliative is at hand, is, in my humble opinion, grossly culpable.

A Case of Idiopathic Tetanus treated successfully by Hydrate of Chloral

I was called to this case on the 13th Dec.

1879(?) when I found the patient, a young girl of between 13 and 14, suffering severely from tetanic convulsions. The whole body was engaged in tetanic rigidity and fits were troubling her at very short intervals. The mouth could only slightly be opened. Deglutition was very difficult. The history of the case was that she had menstruated on the first of the month, on which she had complained of pain in the whole body as from cold. From the 5th to the 9th instant the pain of the body gradually increased and with it there was some cough. On the 10th pain was felt in the root of the tongue, and in consequence during deglutition. There was also inability to open the mouth. The patient had fever, some swelling and painfulness of the submaxillary sublingual glands. She was unconscious and could not recognize persons. The Doctor, who was called to treat her, had ordered a foot-bath and continual fomentations and a dose of castor oil. The bowels had moved and convulsions had ceased for a short time. On the 11th convulsive fits returned. On the 12th instant she died. The post-mortem examination was made on the 13th. The lungs were healthy, the liver and spleen enlarged, the stomach and intestines contracted, the heart healthy, the kidneys enlarged, the bladder full of urine, the uterus empty.

low. Weeping much, and ten pain in the whole
even, very violent. Medicine repeated at night
with the usual happy results. A stool at 2 1/2 A.M.

10th Dec. — Much better. A stool in the
evening, with which a living round worm passed.

From this time forth she made a rapid
recovery, so that by the end of the month she
could sit up. The only symptom which still
continues is slight stiffness of the spine and
neck, but this is gradually disappearing under
the assiduous rubbing in of liniment.

Remarks

This is a very good case, and satisfactorily demon-
strates the utility of the hydrae of chloral in one of the
most severe forms of spasmodic disease. In this
case, chloroform in the crude state was administered
without benefit, but the nascent chloroform disengaged
from the decomposition of chloral hydrate in the blood
and probably in the interior of the tissues did exert
a powerful sedative action on the nerves and caused
the final and complete extinction of the disease, without
the aid of any other drug.

A Case of Gangrene from the bites of the ‘Shoah Poka, or the hairy Caterpillar

On the 1st of April 1862, a young girl, 12 years of age,
the daughter of a Native American, was brought to the
hospital, complaining of a severe pain in the right leg,
which she said was caused by the bite of a hairy caterpillar.

induced by the poison of the snake. I did not
 give rise to inflammation which culminated
 retention of the toe with suppuration of the
 close by. When we saw him first on the 1st
 Oct. we found the toe blackened and the
 swollen. We gave Salicylate. But on the following
 day finding that an abscess was forming, we gave
 him Hot A. This was continued till the 29th
 when, finding the abscess brought to a head, we
 opened it. From the following day till his final
 recovery by the middle of December, he had Salicylate
 12, which had the effect of diminishing the
 discharge, reducing the swelling and healing up the
 sinuses. The first phalanx, which had mortified,
 dropped off of itself in the course of the treatment.
 Externally, we had used the Calendula Lotion (ten
 drops of the mother tincture to an ounce of
 water) so long as the sloughs were not all separa-
 ted, and the discharge continued foetid. We
 have invariably found the Calendula to be an
 excellent cleanser of such sores.

Remarks.

Salicylate.

See the effect.

rainy season in Bengal. These bristles are very poisonous and we have known Pterophthalmia with sloughing of the cornea and even destruction of the eye-ball to result from the irritation caused by their contact with the conjunctive. The best antidote we know of this insect, and the best remedy of the recent inflammation caused by it, is the juice of the leaves of the plant called Dhola or Kanchila (*Commelina Bengalensis*). We have taken out the bristles from the living Shoah Poky and, mixing them with this juice we have rubbed them between our fingers, and we have found them literally to melt away. Would not a saturated tincture of the fresh leaves be equally useful? This is at least worth a trial in recent inflammations resulting from this cause. And why may it not be useful, even when the inflammation assumes a destructive character, as it did in our patient?

A Case of Traumatic Tetanus, Recovery

Radha Nath, a Hindu, aged 40, carpenter by profession, presented himself for treatment on the 8th March, 1871, with symptoms of Tetanus. He had the peculiar tetanic look, chiefly characterized by half-closed eyes and stiffness of the neck. There was partial lock-jaw, and rigidity and pain in the muscles of the back and the spine. He complained of not being able to masticate properly and of being unable to speak with usual force and distinctness. He had a wound at the tip of the

third right toe. This was caused by the wheel of a carriage running over the toe and cutting off the toe at the middle of the first phalanx. This had taken place 15 days before admission. The tetanic symptoms were first observed 9 days after the accident.

The soft parts of the toe were in a state of gangrene. We prescribed *Lact.* 30.

On the 10th the patient reported some increase of the tetanic symptoms, and extension of the rigidity to muscles of the abdomen. The progress of the case was, however, not unsatisfactory. The medicine in the same dilution was therefore continued.

On the 16th the patient was worse than he was on the 10th but still not so bad as such case generally become. We therefore changed the dilution to the 6th. From this time forth improvement commenced in the wounded part as well as in the tetanic symptoms.

The sphacelus separated on the 24th and the patient was doing very well. The tetanic symptoms had considerably abated.

The same medicine in the same dilution was continued to the 27th, when on the end of April the patient was discharged.

Remarks

This was not a severe case from the beginning. But there cannot be the slightest doubt that Lachesis exerted a considerable influence over the disease, arresting its progress and ultimately extinguishing it altogether. This is evident from the fact that the 4th dil. was not so efficacious as the 6th—which brought the case to a successful termination. What induced us to select the drug in preference to others was the traumatic origin of the disease and the gangrenous nature of the wound. It is a routine practice to try Arnica first, but we have never derived any benefit from it, no doubt for the obvious reason, that Arnica can never be Homœopathic to Tetanus.

A Case of Crocodile-bite ; Recovery

Babu Srinath Mukherjee, the subject of the above accident, thus narrates it at my request :—
 “On Saturday, the 3rd June 1871, at about 9 P.M. as I was bathing in the river (at Khurdah) I felt as if something caught hold of the upper part of my right thigh. To ascertain what it was I placed hands over it, and it felt like a large piece of stone. I was at once convinced that I had fallen into the jaws of a crocodile. Of course I cried out loudly for help, but before anybody could come to my rescue I was dragged away to a good

A CASE OF HYSTERIA

A Case of Hysteria

The husband of the girl, subject to the above disease, came to me in the middle of May 1871, and gave me the following history of the case.

For 5 years previous to the commencement of the present disease the patient used to suffer from the following complaints—acidity of the stomach, burning of the skin generally and of the hands and feet in particular, pains in the chest, hemiparesis. All these had come on after an attack of fever. In Fyaskh 1277, that is, upwards of 13 months ago, she all on a sudden vomited a large quantity of blood and was in consequence at once placed under Allopathic treatment. In spite of the continuance of this treatment for 3 months the patient used to vomit blood, two or three times a day. The only improvement that was perceived was that the blood which was thus expelled was dark and red black, becoming pink and white, and the patient recovered. After this she continued to suffer from the same complaints, and in the middle of the year 1870 she was again placed under Allopathic treatment, but with no result.

A Case of Abscess in the Abdominal Parietes dispersed by Hepar Sulph.

On the 26th August last, I was called to see Babu Akshay Kumar Banerjee, who had come down from his native village Satgachia for treatment. He was laid up in bed with a huge swelling in the left Iliac region just above the Sigmoid flexure, which was exceedingly tender to the touch and which appeared to be an incipient abscess deep-seated in the abdominal wall at this place. The patient had hectic fever and was extremely prostrated in strength. He was 20 days under Allopathic treatment, but without deriving the slightest benefit from it. The swelling, the pain, the fever, and the prostration have been increasing day by day. He could not move from his bed at all. Having in several instances observed the remarkable powers of *Hep. S.* to disperse abscesses, I prescribed it at the 6th dil., three times a day. In less than a week the patient was nearly free from fever, the swelling considerably diminished, and the patient on the whole was so well as to be able to sit up and even walk a little. After a few days he was able to get up rather stationary, but still unable to move freely. From this time the patient gradually recovered, the swelling,

horror for water although he had a burning thirst. He could take liquid medicines, even the most disgusting mixtures, without feeling the slightest nausea or tendency to vomiting; he could take milk, and anything else that is liquid, except cold water. Knowing that we prescribe medicines in cold water he requested me not to do so in his case. I however assured him, he will not vomit again. I gave him *Eupatorium Perfoliatum* 4. $\frac{1}{2}$ drop in a little cold water, to be taken every hour for two or three doses.

12th—Called at about 11 A.M. and had the satisfaction of hearing that the patient could retain water after taking 3 doses of the medicine. In fact he described to me that he felt an attraction for water after the 3rd dose, immediately after which he passed a stool consisting of fecal matter and a large quantity of bile. The stool was hot and much flatus escaped with it.

Temperature of the skin almost normal; pulse between 104 and 105. His griping still of the bowels has had no stool yet. Tongue still is thick and coated with a white and yellowish mucus, especially on the sides. The patient is still restless and continues to vomit more than 10 times a day. He is somewhat

which at the action of our medicines. He is convinced of the vast difference between the two systems that he now always begins his cure with cholera of cases that occur in his family.

I have since had an opportunity of testing the efficacy of Eupatorium in reference to the peculiar symptom noticed above. This was in a case of cholera where on the subsidence of the more urgent symptoms this symptom developed itself and readily yielded to the Eup. r.

A Case of Incipient Hysteria

I was called on the 17th instmt. to see a girl of about 15 who, while dining, felt constriction in the throat which prevented her eating. Immediately she was seized with a tendency to weep and she did weep often. She then lost all power of speech and informed me by writing that she felt as if something in the throat was preventing her from giving utterance to her thoughts and feelings. There was very great oppression and tightness of the chest, and crampy pain in the stomach. She could not trace her ailment to any particular cause. All that she could say was that she had disturbed sleep in the night and that as a result she was not feeling all right. She would say she was rather heavy. On inquiry we ascertained that she had



and flexion. The slight pain that remained vanished in a week more. This is only one of many instances in which I have tested the effect of *Khut Tor* in chronic inflammation of the articuli structures especially when resulting from blows, sprains, etc.

A Case of Puerperal Tetanus

Babu P. C. Banerjee's wife, aged about 34, was delivered of a male child on the 26th February 1869. This was her 8th child and the labor was natural and easy. The confinement was, as usual in a native house, in a low, damp, ill-ventilated room. On the 28th instant, she had an attack of slight fever from which she was quite free by the 3rd of the next month, March. On the 7th March, the 10th day of confinement, she bathed for the first time after delivery. On that very day she felt slight stiffness of the jaws, but this was slighted, and thought of as nothing but slight cold. On the 8th the lock jaw was distinct but still disregarded. On the 9th the lockjaw considerably increased. In the morning difficulty was experienced in swallowing solids, but by evening there was difficulty and pain in swallowing liquids as well.



PROGRESS AND TREATMENT

10th March—I was sent for, and of course there could be no mistake as to what the case was; it was a case of tetanus, and not of simple cold as the patient and her husband had thought. The patient was in the habit of taking opium daily, (a habit which she had contracted for a chronic diarrhoea which she had suffered from long) and the husband had strong prejudices against Homœopathy. I therefore ordered—

Liq. Opii. Sedat. m̄viii. every 3 hours.

11th—The opium, having procured some relief, enabling her to swallow better and giving her snatches of sleep, was continued.

12th—Extension of the disease. The neck became involved for the first time. As yet the spasm was of the tonic character

R Tinct. Cannabis Ind. m̄v every 3 hours.

R Chloroform ℥i

℥iij. Supra. to ℥i. ℥i. Rub the affected

parts with Chloroform 3 times a day.

13th—The patient is now in a state of

coma. The spasm is now of the clonic character.

14th—The patient is now in a state of

coma. The spasm is now of the clonic character.

15th—The patient is now in a state of

coma. The spasm is now of the clonic character.

convulsing at times the whole body, but more especially the neck. Thirst very great. Patient very weak. Brandy ordered to be given as frequently as she could take, in addition to hemp and opium.

In the afternoon the violence of the clonic spasms increasing, we gave *Nux V.* 6 internally and *Nux V* 8 to inhale. The inhalation had the effect of diminishing the severity of the fits, and even of enabling her to open her mouth better so as to take in medicine and nourishment more easily than she could before.

The following liniment also did great service in keeping down the tonic spasms —

R Sapo. Mollis 3ii
Spt Vin. Rect 3ii.
Chloroform 3iv M Ft Lt.

15th—The convulsions very severe; abdomen distended, breathing difficult, spasms in the stomach. All previous medicines were stopped and *Nux Vom* 100 was ordered to be given instead.

Very bad in the evening, distension of the abdomen. No stool since the commencement of the attack. An enema of castor oil and turpentine was therefore ordered, but it brought away nothing but mucus, in which a little of the liquid

23rd—Decided improvement. Had one good stool. No medicine. Broth was again ordered.

24th—Same as on the previous day. No medicine, except *Ars.* or *Carbo V.* when collapse was threatened.

25th—Fits became longer in duration. Same treatment continued.

26th—Duration of fits became very long, as long sometimes as 2½ hours. The opisthotonos was at times so great that the body was curved like a bow. *Hyoscyamus* (mother tinct.) was ordered in doses of 5 drops every 2 hours. This had the effect of at once quieting the spasms, and from this day the tetanic symptoms steadily diminished till there was no vestige of it except some rigidity of the body by the 30th. It is worthy of remark that the chloroform liniment having ceased to do any good, a lotion consisting of sulphuric ether and rose water was used and with considerable benefit.

1st April. While we were congratulating ourselves on the improvement already effected, the patient suddenly exhibited the symptoms set forth in the following table. The face and hands were so distorted that the teeth and claws were protruded. The arms were so strongly pressed

A CASE OF COLICODYNIA

against each other that we were afraid they would be smashed to pieces. Fortunately we found in *Stramonium* an agent more potent than the disease. We first prescribed the 6th and we had to descend to the 3rd to complete the cure in about 4 days.

On the 5th the patient was well enough to take rice.

Remarks

This was one of the most remarkable cases that we have had during the whole course of our ten year's practice. It points to a most common cause of tetanus in the puerperal state, namely confinement in a low, damp, ill-ventilated place. To some extent it seems to favour the prevalent idea of the 8th pregnancies being attended with more or less danger. It most emphatically demonstrated the power of the medicines, over especially Homœopathically selected medicines, over disease. It demonstrated likewise the utility of Dr Chapman's *ce-bag* to the spine and it proved as well the value of the *ce-bag* in its application when it ceases to be a source of irritation. It also showed that during the course of the disease the patient should be kept in a warm, dry, and well-ventilated place.

A Case of Colicodynia terminating in severe
Tympatitis with impending
Intussusception

A CASE OF COLICODYNIA

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remove her constipation from which she has been suffering all along. After this she felt still more unwell, and within three hours after the above treatment, she vomited everything she took, with aggravation of the griping pain, which now extended over the whole abdomen and was soon followed by tympanitic distension of the bowels. It was at this crisis that a lay practitioner, a friend of the patient, was called in, who prescribed *Nux* and *Bry.* in alternation. The medicines were continued throughout the night, but finding no sign of improvement in the morning, Dr. Sircar was sent for. On arrival he found the patient to be suffering terribly from tympanitis and along with it colic, and ordered *Carbo Veg.* 30 to be given immediately. After having 3 doses of the medicine, the patient threw up a *lumbricus*, the medicine was continued throughout the night at intervals, varied according to necessity, during which she had 4 motions, which were thin and watery. Beyond this she derived no other benefit.

application over the abdomen. As accessory to these she was ordered fomentations and an enema of castor oil and turpentine in the evening to clear her bowels, as they were found confined since last night but all to no purpose.

Jan. 1st 1872, Morning—The patient was in the same precarious state as on the previous days, there was the same drum-like distension of the abdomen, with constant moanings owing to indefinite pains in the bowels, which the patient could not describe properly—the abdomen was resonant on percussion in all other parts excepting the sites of the lower part of the ascending and descending colon—the whole surface was extremely painful on pressure; there were, besides, hurried breathing with hiccough from time to time and obstinate constipation. Pulse 150. Thinking this to be a case of impending intussusception of the intestines, *Nux V* 30 was ordered to be given every hour or so, according to the requirements of the case, until the symptoms were somewhat relieved. The medicine was continued up to 6 P.M. with the only benefit that she slept for about half an hour whenever she had a dose of it further than that it induced no other change in the system. There was no hiccough

A CASE OF COLICODYNIA

which disappeared at once.

About 8 o'clock in the evening the patient's condition was still more precarious. Her whole condition pointed to *China* 30 which was ordered to be given at once. It was not long before we had the satisfaction to see its wonderful beneficial effects; within an hour's time from this, and after two doses of the medicine administered, she passed 3 copious stools, thin and foetid, much to her relief. The medicine was continued throughout the night, during which she had 3 other motions of the same character as described above.

2nd Jan. — The distension of the abdomen has been diminished by half; *China* 30 was continued every two hours and the more she had of it the better she felt. she had altogether six motions during the 24 hours. As to diet she could take nothing besides orange and pomegranate juice. Pulse still 150.

3rd Jan. — Tympanitis less — had 3 motions.

gripping in the lower belly before a motion; ordered to take pulp of roasted Bael fruit.

9th—Had slept well till 2 A.M. in the morning, when she had a stool, with which she passed another lumbricus, followed by severe gripping; appetite good

10th—She had a good night's rest; a tendency to diarrhoea still continues. But from this day she steadily improved and was gradually restored to her former condition

Remarks

It is impossible by mere report to give a faithful idea, a true picture, of this remarkable case, remarkable both by the gravity of the symptoms it presented and by the illustration it afforded of the actions of the medicines generally and of China in particular. It is not often that a patient with a pulse above 150 recovers, and recovers from such a formidable disease which threatened to extinguish life every moment for upwards of 48 hours. The recovery of the patient depended as much on the utmost care with which she was watched as on the medicines which were selected with the greatest scrupulosity.—M. L. S.

A Case of Herpes Circinatus

The following case which I saw on the 21st March 1871 is interesting

A girl of about 8 years had a patch of

herpes on the right temple. It had commenced upwards of a month previous to my seeing her as a single vesicle and was spreading by the circumference, leaving a furfuraceous patch bounded by it. There was itching and burning in the part. The repertory assisted me in the treatment of this case. Under the head of ring-shaped herpes, there were Calc., Caus., Natr., Natr. M., Sep., Sulph. Of these Natr., and Natr. M. had no itching in their herpetic eruptions and the character of spreading eliminated Caus. The drugs that remained to be further sifted were Calc., Sep., and Sulph. From this list I was able to eliminate Calc. and Sep., as they did not correspond to the characteristic bilious constitution of our little patient. I therefore prescribed Sulph. 6, 2 globules every 4th day. She had altogether to take 2 or 3 doses and she was all right. The patch which from a point had already become larger than the head of a pin, was spreading every day, and the itching and burning were relieved.

A Case of inflammation of the Uterus and
Ovaries with metrorrhagia

of the ovaries. This was accompanied by fever. In consequence of this the family physician prescribed Aco 6 and Arn 6 in alternation. The fever and the pains increased considerably, the patient began to get spasms of the upper extremities, and was extremely prostrated. Suspecting that the patient was suffering from suppressed menses the civil physician prescribed the following mixture on the evening of the 2nd March:—

| | |
|----------------------|------|
| R Tinct Cannabis Ind | ʒ iʒ |
| .. Secale Cor | ʒ iʒ |
| .. Aconite | m vi |
| Aq Pura | ʒ |

M. Ft. Mist 1 oz. every hour. This was continued till the 5th inst. There was some improvement and the menses did appear. On the 5th the following mixture was given:

| | |
|----------------|------|
| R Tinct Bellad | m vi |
| Acon | m vi |
| Aq Pura | ʒ |

M. Ft. Mist 1 oz. every hour. Considering that the patient was very weak, was ordered to take Oregana and Lobelia together. Whether owing to this or to the altered prescription, or to other causes, the fever increased violently that very day. There was

INFLAMMATION OF THE UTERUS & OVARIES 73

violent metrorrhagia, and the region of the ovaries and uterus became very much swollen, hard, and exceedingly sensitive to touch.

I was sent for on the 7th and prescribed Bell. 6 every 2 hours.

On the 8th I found no improvement. The tenderness and swelling of the uterus and the ovaries were as bad as yesterday. The metrorrhagia was continuing, but the discharge had become of a pale color, and there was much involuntary weeping. As far as recorded pathogeneses went, I found the following drugs had a direct influence in setting up inflammation in both the uterus and ovaries, viz. Acon., Bell., Canth., Chin., Lach., Merc. and Plat. Of these Canth., Lach., and Merc. had no metrorrhagia, and Acon. and Chin. had not discharge from the uterus of a pale character. Consequently the only remedies that were admissible in this case were Bell. and Plat. But as Bell. has already been used without effect, I gave Plat. because it was prescribed by the late Dr. Williams. I prescribed Plat. 6 every 2 hours, and on the 1st day of the 9th I gave it 12 times. On the 2d day of the 9th I gave it 12 times, and on the 3d day of the 9th I gave it 12 times.

A Case of Serofulous Corneitis—Recovery

Naphar Chandra Ray, a lad aged about 11, of dark complexion, thin make, with a head indicating the existence of hydrocephalus at an early age, came to me first on the 4th of December 1869 for periostitis of the right Tibia. He improved under Rhus Tox. 6 and then disappeared till the 23rd February 1870, when he came with fully developed synovitis of both knees. I gave him Bryonia 6 under which the synovitis greatly improved. But the pains about the joints continuing I resumed Rhus Tox. 6 on the 4th March.

On the 8th March I noticed inflammation of both the corneae. The corneae had lost their transparency, having become nebulous from the deposit of lymph in the interstices of their tissue; and there was the well-marked sclerotic zone. Along with this there was considerable photophobia. I at once gave him Sulph. 6, as on inquiry I found he was born of syphilitic parents. On the 11th he seemed to me to be somewhat better, but he did not admit the improvement and complained of greater pain in the eyes. He continued the Sulph. but it did not improve him—the 30th. The patient now was much distressed and did not make any report till the 23rd.

when I found the eyes had become a great deal worse than they were ever before. There was now violent inflammation of the whole eye. I sent a good deal of phlogogen so much so that the eye would not allow the eyelids to be opened for examination of the cornea. Having in a previous expectation derived benefit from Quinine I prescribed that drug and continued it till the 27th when finding no improvement I tried *Rhus* 3*ss*, but with the same unfortunate result no benefit. On the following day, in despair I gave Iodine of Potass, in grain doses with decoction of *Cinchona*. Finding not the least improvement, I again gave Quinine with port wine on the 30th. The eyes continued as bad as ever. I could not see the cornea as the eyelids were so spasmodically closed, and the least attempt to open them threw them into such spasms that the examination of the eye were absolutely impossible. Even if I could succeed in forcibly opening out the eyelids they would get so everted and the eyeballs would be so instinctively turned up, that only the lower portion of the sclerotic and just below the eye could be seen. I continued the Quinine and port wine till the 31st.



the candle. The general health of the patient was somewhat impaired but there was no particular symptom. I prescribed *Calc. C.* 30. This was continued till the 30th when perceiving no tangible improvement I gave *Arg. N.* 6, having found it so eminently serviceable in ulcerations of the cornea. This was used for 6 days, but finding no benefit from it, I ordered *Euphrasia* 6 on the 6th August. No improvement; *Arg.* 30 on the 11th. No improvement, *Sulph.* 30 on the 15th. No improvement. Stopped medicine from the 20th for 3 days, after which on the 23rd prescribed *Bell* 30. From this day the patient began to improve rapidly. The inflammation of the whole eye became less, the photophobia diminished, the cornea began to clear off, its ulcers began to heal. By the 16th of the next month (September) the patient was nearly all right, the photophobia and the vascularity of the cornea having disappeared. Only slight nebulous and leucomatous specks here and there.

Remarks

The great difficulty experienced in the treatment of this case was in the selection of the remedy. The symptoms were so few that the process of elimination could hardly be trusted to lead to the determination of



ance at full and new moon. Since May or June, 1867, she began to have prickings of the chest (stomach) which is the first commencement of fits from which she is now most intensely suffering.

PRESENT SYMPTOMS

The fit is ushered in by a pain which commences as pricking first in the left hypochondrium. Then she experiences as if something pressed against the chest (diaphragm). The upper part of the abdomen (epigastrium) becomes tense and tympanitic, in consequence of which she feels as if suffocated, she then experiences cramps in the extremities which become very troublesome; cramps are also felt in the neck, shoulders, and over the spine. When the fit is over she feels the limbs very painful. She does not become unconscious during the fit, remembers whatever happens at the time. Headache during the fit. Before the fit she has nausea and occasionally vomiting, which sometimes, but not always, leaves the pain. After the fit is over she feels oppressed, remains quiet, almost speechless. After the fit is over, she does not feel inclined to take water or to go to stool. There is no regularity in the appearance of these fits. They have evidently become more frequent and more intense.

symptoms were taken down. Ordered Calc. C. 30 $\frac{1}{4}$ drop twice daily.

7th, 10-20 A M —Pulse 92, intermittent, intermittents from after the 8th to the 10th beat. Respiration over the right scapular region very feeble, almost inaudible. Percussion note duller than on the left. In the right axillary and infra-axillary regions the respiration is feebler than on the left but not so much as in the scapular region of the same side. Percussion over both subscapular regions is somewhat painful. Expectoration thin, bloody, darkish, with few lumps of mucus floating in the bloody fluid.

Cont. medicine.

8-20 P M —Pulse 80, intermittent as in the morning. Character of respiration same as in the morning. Says she feels easier, eructates better, no fit up to this hour. Had prickings in the hypochondrium as usual from 1 to 6 P M but much less in intensity than before. These sensations disappeared after vomiting at 6 P M. The vomited matters consisted of sour fluid, and with the 2nd and last vomiting, which took place an hour after the first, a minute clot of blood was observed. The pain in the ovary continues. Headache slightly increased after the vomiting. The right upper extremity feels heavier, aches and becomes

Cough less, and has not expectorated any blood. In fact she does not feel particularly weak after the fit as she used to do before. Respiration nearly the same in both lungs. Pulse 86, less irregular. Tongue cleaner. Countenance brighter. Burning with the urine slightly greater, as also the pain in the left ovary. Sleep disturbed by dreams of fighting with cutting instruments. Discontinue *Sepia*. Resume *Calc. C*.

12th, 5 P.M.—Pulse 94. Respiration in the right lung not perceptibly different from that in the left; no headache since last evening. Tongue clean, moist; none of the gastric symptoms present, appetite better. Urine less high-coloured and burning during micturition less. Sleep sound, undisturbed with dreams. No cramps since yesterday, expectorated blood twice after 10 A.M. Some burning of the hands and feet, which had commenced just before the expectoration. To have medicine only once a day.

18th. 11-15 A.M.—Expectorated blood yesterday at 2 P.M. Has expectorated again at 7 A.M. to-day. Every time this was preceded by burning in throat and stomach. Had no fit yesterday. No stool yesterday none to-day as yet. Pain in lower belly less. no burning in

the genitals yesterday, but some today; the leucorrhœal discharge is somewhat less and thicker. Appetite better in the evening than in the morning. *Nux vom* 30. $\frac{1}{2}$ drop at 3 P.M.

19th, 2-25 P.M.—Feels much stronger. Vertigo considerably less. Heaviness of the stomach after the morning meal is entirely gone. Leucorrhœal discharge continues but less; pain in lower belly (left ovary) less, burning in genitals less. Bowels continue costive. Cont. *Nux Vom*.

26th, 2-40 P.M.—The last course which had commenced about 8 days ago was quite normal. Appetite much better, but bowels continue costive, sometimes they do not move for 2 or 3 days. Some heaviness of the right chest, felt particularly in the morning. The spittle is of rosy hue for the last 3 days. One point in the history of her case which was omitted to be mentioned before is that the pain in the lower belly has increased since she fell from a staircase last March since which she is unable to move about without pain. To have *Rhus Tox* 12.

2nd August 3 P.M. The heaviness of the right chest as well as the rosy spittle disappeared on the 1st of August taking *Rhus*. Slight headache still. Bowels still costive, but no wind. 431811

but still do not open every day. Cont. Rhus.

6th to 10th—No medicine.

11th—The only complaint now remaining is the continuance of the leucorrhoeal discharge.

Sept 20

16th—Pain in lower belly has increased; she feels it on sitting for stool, in making water, and even on coughing. This is probably an aggravation brought on by Sepia. To have no medicine.

22nd Saturday - Fever since last night. No fever now (9 P.M.) Had menses which commenced on Sunday night and had continued till this morning. Pain in lower belly continues.

25th, 11-45 P.M.—Fever every day, comes on at night at about 11 P.M. and continues till morning up to 7 or 8 A.M. Vesicles on the tongue and other parts of the mouth and probably along the oesophagus and trachea. Difficulty and pain in speaking and swallowing; some of these vesicles have broken into ulcers. Unequal pulse, sometimes after every 3rd or 4th beat no 88—40 N. No cough drop three daily. Temp. 76°—92° F. Hiccups stronger than last night, now more frequent, so that it is necessary to take small sips of water.

fluid is tinged red and contains minute clots of blood. The vesicles have all burst and formed ulcers; complains of pain in the chest evidently in the course of the bronchi and their ramifications. Cont. *Nitric Acid*.

28th, 8 P.M. —Better in every respect. Fever was less last night. Salivation and exudation of blood much less. Appetite better. Ulcers in the mouth looking healthier. The throat is less swollen. Cont. medicine.

30th, 8 P.M. —The ulcers much better. No fever last night. Pain in lower belly less, but swelling of external genitals (only reported to-day) continues. Feels much better to-day. Cont. medicine.

She continued steadily to improve under *Nitric Acid* and she was all right by the middle of this month (September).

Remarks

This was the first case of the disease. The patient was first seen on the 1st of August. At first she was so ill that she could not get up. She was lying in bed for the first 10 days. The ulcers in the mouth were very painful and she could not eat. The throat was very swollen and she had a great deal of difficulty in swallowing. The fever was very high and she was very restless. The salivation was very profuse and the exudation of blood was very much. The appetite was very poor. The pain in the chest was very much. The pain in the lower belly was very much. The swelling of the external genitals was very much. The patient was very much improved by the 30th of August. She was all right by the middle of September.

ded over the right eyelids so as to close the eye altogether. Medicine discontinued.

13th—Swelling of the eyelids a little less. In other respects the same.

14th—No better. Sulph 30.

17th—No better. On the contrary there was every indication of suppuration taking place in a day or two. A few pimples have made their appearance in the face. *Hep S 6.* $\frac{1}{2}$ drop twice a day.

18th—Swelling less. *Hep* continued.

19th—Swelling considerably diminished.

Hepar discontinued.

From this day the inflammation got less day by day till on the 26th there was no vestige of it remaining.

In this case there could be no doubt that *Hepar* effected the discussion of the inflammation.

Acute Rheumatism

Basanta Kumari, aged 6 $\frac{1}{2}$ years, was first seen on the 5th September 1868, when she was found suffering from the following complaints:—

A dense inflammatory fever, with burning heat of the skin and a full bounding pulse (120), swelling and pain of the joints of the upper

and lower extremities from the shoulder and the hip to the last joints of the fingers and the toes, the smaller joints being less affected than the larger, tenderness of the abdomen on pressure so great as to lead to the belief that the peritoneal as well as the mucous lining of the intestines were probably involved in the inflammatory action, the salivary and inguinal glands were considerably swollen and painful. Tongue white, thickly coated. Urine high-colored. No stool since day before yesterday. The history of the case is, that on Tuesday last (Sept. 1) she took acid fruits, got fever on the next day and pains in the limbs, joints and glands on the day following. Ordered Merc. Sol. ss , 4 op every 4 hours.

4th Sept., 5 P.M.—Tenderness of the abdomen somewhat less. But fever continues. The stools as bad as before. Palpitation of the heart, no murmur with the sounds. No stool.

5th Sept. The joints to be wrapped with cotton.

6th Sept., 2 P.M.—Fever continues but perspires freely. Has no rest, incessant of fever.

left lower less so. Passes urine freely. *Bronchitis* continued.

9 P.M.—Fever considerably less, but they say the pain in the joints of the upper extremities have somewhat increased. Fast asleep just now. Medicine to be discontinued.

8th, 1 P.M.—Quite free from fever, the pains of the joints much less; almost no pain in the hips, no stool. No medicine.

10 P.M.—Slight accession of fever. Pains in the left upper extremity slightly increased; no stool. Pain on pressure in the abdomen much less. The tongue still thickly coated, the conical and the filiform papillæ both enlarged. No medicine.

9th, 1 P.M.—No stool, free from fever. Tongue still bad. Pain and swelling of the joints much less, pain in the abdomen continues, though less than before. No medicine.

8 P.M.—Slight excitement. Itching and sudamina throughout the whole body, no stool. No medicine.

10th, 4 P.M.—No fever, no stool, pains almost gone. Has been able to come out to the veranda where he is sitting. Tongue still bad.

11th, 1 P.M.—No fever, no stool, no pain in the joints, no itching, no sudamina. No medicine.

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R Hyd. Chlorid gr ʒ

Ext. Hyoscyamus gr. ʒ to form one pill.

Two of these latter pills were taken at night and the pain abated much

21st, Tuesday—The pain again increased and the distension of the abdomen remained the same as before. The 1st pills were repeated but the symptoms did not change in the least. He had nausea the whole day and vomited thrice, once in the morning, once in the evening, once at night. He had several stools at night, especially towards the latter part. Was very uneasy the whole night, and had no sleep.

22nd —Had several stools, thin and foetid, of a greenish colour, having bloody mucus in them. One opium pill was again given, so that he had altogether 7 of these pills (14 gr of mercury and 7 of opium). This day a medical man from Calcutta was brought in who applied a mustard plaster over the abdomen, and ordered a few doses of Dover's powder of which one only was taken. He said the pulse was weak and flickering, and the patient was becoming exhausted.

on 23rd at 11 AM he died. The

at 11 AM he died. The

at 11 AM he died. The

at 11 AM he died. The

Urine not so high coloured as before. Drowsy
Fever rather slight but of longer duration than
on the previous day. Abdomen a little more
distended. Arsenic continued.

27th—In the morning much easier, but
burning continues, especially in the right hand
and palm. Had fever at about 4 P M —Remission
after 3 or 4 hours. Thirst. Sulphur o

28th—Easy in the morning, pain diminishing
This day visited him the second time, and
gave him Camphor. It was reported that after
Camphor he had much less fever than in the
previous day.

29th—Very easy in the morning. Removed
to Calcutta. Had no fever and no burning.
Stools less in numbers, a little distension still
remains. Camphor continued.

30th—Very easy, almost no complaint, only
a little distension continues. One dose of
Camphor.

31st—Took soup of shells and Cardus
bened. Buttermilk put over the abdomen
evening and morning.

[illegible]

3. 若 $\lambda_1 = \lambda_2 = \dots = \lambda_n = \lambda$, 则 λ 称为 A 的 n 重特征值, 此时 $A - \lambda E$ 的秩为 r , 则 $n - r$ 称为 λ 的几何重数, 记为 $g(\lambda)$. 此时 $A - \lambda E$ 的零空间 $N(A - \lambda E)$ 的维数为 $n - r$, 即 $g(\lambda)$. 此时 $A - \lambda E$ 的零空间 $N(A - \lambda E)$ 的维数为 $n - r$, 即 $g(\lambda)$.

[illegible]

and the birds were abundant with water. Water was about half full of the 1st species and a few of them with the clouds. Any day.

4th Very good stool. Patient tries solids
of rice. No appetite in the afternoon, does
not sleep. 5th Aug.

With only one hole of the head with good appetite not strong. *Heck.*

Oct. Blood contains no clots etc. Has appetite. Feels comfortable in other respects. Have stopped. Only barley water given as food.

7th 1st appearance of snow, with the
floods. Two pieces cut about 1 inch square
a foot or two. Snow.

411 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839.

and pus with the stools. *Arnica* 6. Stool much better in the afternoon after *Arnica*.

12th—Blood and pus. Discharge of scybalæ. *Arnica* repeated.

13th—Stool same as before. Blood continues. Appetite increasing. No medicine.

14th—Blood and Pus continue, rather increased in quantity. *Mercurius Corrosivus* 30. Blood and pus much less.

15th—Blood and pus much less. Appetite increasing and food was increased with the increase of appetite. *Merc.* 30.

16th—Streaks of blood and very little pus. No medicine.

18th—No medicine. Discharge of several scybalæ. Blood and pus continued but much less than before.

19th—Discharge of scybalæ, but not so many as on the day before. *Nux Vom* 6.

20th—Discharge of scybalæ. Very little food and pus. No medicine.

21st—No medicine. Very good stool. Several scybalæ and almost no blood.

22nd—Appearance of blood again. Scybalæ very few.

23rd—No medicine.

17th

18th

commencing in the evening and increasing in the night, thin stools three or four in number, sometimes containing even the ingesta, only in the night. Consequent upon this there was proportionate weakness and anaemia. On particular inquiry I found that the indigestion had resulted since the patient has ceased to have the regular course. The patient was a young girl of 15. *Pulsatilla* 6, in doses of 3 globules three times a day, was ordered. At the end of upwards of a week, the report was that there has been no improvement, in fact, there has been no change either for the better or the worse. *Pulsatilla* being still indicated I gave it in the same attenuation again, but in the form of tincture instead of globules. The improvement at the end of a week was so slight as not worth reckoning. The drug was in consequence ordered at the third dilution in tincture, and from the day this was done, decided improvement in the symptoms commenced. The symptoms became less, the stools became thicker in consistency and increased in number, the appetite improved, the temperature of the body gradually returned to normal, the temperature

involved in the inflammatory process. Signs of abscess here and there were visible but on opening one of them blood and sanious fluid oozed out. The woman, old as she was, was greatly prostrated by fever and the pain in the affected parts. Blisters formed on the skin of the dorsum of the foot and there was every indication of impending gangrene. *Hepar Sulph.* was now used and in the course of a few days distinct fluctuations was noticed in places where the formation of abscess was suspected. These were opened one after another, and purulent matter came out. All these openings formed the mouths of long sinuses and the use of *Hepar S* did not succeed in causing them to heal. It was therefore discontinued, and the *Tinct. Fer. Mur* substituted in its place. Nor was this of any use in promoting the healing of the sores. They continued as bad as ever. *Silicea 30* was now used. It did some good, but the improvement was stationary. *Silicea 12* was next used and it effected the final cure in about 2 months. By the end of September last she was well enough to walk about.

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was of a frightful nature; the face, especially the eyelids, were so swollen as to cover the eyes. The hands, abdomen, scrotum, and the lower extremities were so swollen as to pit deeply on pressure. There was no pain anywhere. The child was free from fever, the bowels costive and the urine scanty. *Pulsatilla* 10 and dry regimen were ordered. In the course of ten days the recovery was complete.

Remarks

The above case offers an instance of therapeutic success with remedies selected according to the indications presented by the immediate exciting causes of diseases. Upwards of a year ago I cured a case of epilepsy after childbirth which was evidently brought on by a fall immediately before delivery by *Rhus Toxicodendron*. Cases of fever, diarrhoea, congestion of the brain, or of any other internal organ have been cured by *Dulcamara*, whenever we have been able to trace their origin to wetting. And so on.

A Case of Condylomata around the Anus

I had a case of Condylomata around the anus admitted in my Dispensary on the 10th of October last. The patient was a young man, who had been suffering from the disease for some time. The condylomata were of great size and number, and were very painful. I treated him with *Dulcamara* and the result was good.

A Case of Hysteria. Recovery

Babu R. D. M. placed his wife (then aged 31 and mother of seven children, the age of the eldest $18\frac{1}{2}$, of the youngest $3\frac{1}{2}$) under my treatment in May 1870. Her symptoms were: Hysteric fits every day in the afternoon or towards evening. The fits were characterised by loss of consciousness, violent convulsions, and involuntary loud cries alternating with loud laughter. The duration of the fits varied, being sometimes as short as five minutes, sometimes as long as half an hour; generally they used to last from twenty to thirty minutes. Just before the fits she would complain of her jaws being compressed with great force, which caused inability to open her mouth, this lock-jaw continued throughout the fit, except when involuntarily opened by cries and laughter. She also felt as if something were moving below her throat, and as if a millstone were pressing against her chest. She also fancied that she saw figures of demons with numerous heads and large teeth, who seemed to converse with her. When not in the fits, the following symptoms were continually present—giddiness; rumbling in the bowels, increase of flatulence, escaping neither upwards nor downwards,

I was then placed under Kavirajs, and although I remained under their treatment for a fortnight or three weeks, I did not derive the slightest benefit, notwithstanding their promise to cure me in a week. I then let off regular treatment for a week or ten days, and without taking any medicine internally, went on applying externally medicines from quacks. The result was the same, that is, no improvement."

When on the 16th June I took him under my care, there were the following symptoms.—Deep yellow colour of the conjunctiva and though the skin was dark-coloured, the jaundice was well seen in it too. Slight enlargement of the liver. Some feverishness in the afternoon. Gave *Nux V* 6.

19th June—Has been taking *Nux V* but without any tangible improvement. The medicine was continued in the belief that its trial has not been sufficient.

21st—Not the slightest improvement being reported, discontinued *Nux V* and gave instead *Brow* 6. The improvement was rapid from this date and by the end of the first week of the present month he was cured and at the present time he is in the best of health.



pain was at first felt only when lying on back, after sometime it was felt in all positions. The part was painted with tincture of iodine, when he came to his native village. But as he had examined by the doctor in charge of the station, according to whose advice compound iodine ointment was applied for sometime. This producing no beneficial effect, he took *Flu. S. O.* which seemed to relieve the pain for a short time, but the pain returned in an aggravated form and a deep-seated abscess was discovered. The abscess was opened on the 20th January of this year. A quantity of thick, apparently healthy pus came away. There was some bleeding. The ulcer was treated at first with warm water injection and application of lint, but, showing no tendency to heal, iodine with water, instead of simple water, was used as injection, and iodide of potassium was given internally. Still there being no tendency to heal, carbolic acid was substituted for the iodine in the injection. No improvement following, the doctor made a careful examination on the 10th March, and discovered cavity of the abscess. The patient, taking fright at this, fled to come to me on the 12th. I gave him a course of treatment, day improvement continuing, but on the 15th, suddenly diminished. I could not see him again, as on the

He began to feel somewhat uneasy in the evening, but, being an opium-eater, took his usual quantity of milk. On going to bed at about 10 P.M. he got strong fever, which continued unabated the whole night. In the night he had to go to stool twice, and as it was raining that day he got wetted. On the following morning (2nd August) the fever somewhat remitted, but only to come on with greater intensity. The fever was accompanied by excessive thirst. From evening of this day the patient began to be unconscious and delirious. On the 3rd day the stupor and the delirium increased. This alarmed the family, and I was sent for on the 4th day. I saw him in the evening of Aug. 4. The patient did not appear to recognize me, though he knew me well. I noted the following symptoms —

Delirium, considerable depression, pulse very frequent, heat not considerable, tongue dry, and as far as could be made out by candle-light, yellow tinge of the conjunctiva. Prescribed *Rhus T* 6, $\frac{1}{2}$ drop every 4 hours. Saw him again at 10 $\frac{1}{2}$ A.M. of the following day (5th August). Found him much improved — he could recognize me, and there was hardly any delirium, the pulse was better. The jaundice was deep. Gave *Boerh.* $\frac{1}{2}$ drop every 4 hours. In the evening report was brought to me

such vexed question of "Auxiliaries" In the case under notice the professional reader no doubt has noticed the administration of the injection of tepid water with castor oil followed by relief to the patient, and as far as could be judged, this procedure did not stand in the way of recovery, it, indeed, it did not accelerate it. The injection was given without my advice, and probably, if I had been asked, I would not have advised it. In many instances patients have recovered, though they did not pass any stool for such a length of time as from a week to three weeks. In some instances where the patients had become impatient to have a stool, I have seen the use of what are called "mild aperients" and even of simple tepid water enema followed by unpleasant disturbances, such as aggravation of the fever, diarrhoea, &c. I say in some instances, and not in all. Sometimes, though very rarely, the artificial evacuation of the bowels had led to the removal of the residue of the disease, if we may so call it, and thus has helped the progress of recovery. Under these circumstances it is not easy to decide this question of auxiliaries. All that we can lay down on the point is that they should never be had recourse to except under the most urgent circumstances.

A Case of Cholera. Recovery

Mahesh, a boy of the weaver caste, aged 15, was admitted in my Out-Door Dispensary, on the morning of the 6th May, for diarrhoea, vomiting and gripes which had commenced it about 5 A.M.

and the pains in the abdomen as bad as before. Men. C 6, one dose. After this he again passed a copious watery stool and became collapsed; thirst so violent that he loudly called for water, ran to the street-pipe and drank water out of the hydrant. On being restrained he ran away from the house and drank water from a distant hydrant was brought back by the mother in a state of perfect collapse.

5-30 P.M.—Pulse hardly perceptible, eye sunk and without lustre; complains of severe pain in the stomach, rolling on the floor and screaming in agony. *Ars. 12*, every $\frac{1}{2}$ hour.

7 P.M.—Pulse very small and thrilling; other symptoms continue unabated; passed on scanty stool consisting of mucus and water.

9 P.M.—Pulse a little better; pain, which at times burning, continues, empty eructations cold all over, especially at the extremities. *Carb. V* $\frac{30}{30}$.

10-30 P.M.—Pulse improving. No amelioration of either the pain, or the restlessness, or thirst, but cannot drink largely at a time. *Ars. 12* and *Carb. V* alternately at intervals of 15 minutes.

11-30 P.M.—Pulse still better, but the heat of the head is not relieved, and the thirst is still violent.

A CASE OF CHOLERA

12

being asked, he says the pain has not abated, eyes injected, had more scanty stools, the last watery and of a yellowish colour. no urine; no more medicine.

May 7th, 6 A.M.—Pulse quick and small, but countable; eyes dull and injected; spasmodic pain in the stomach continues. empty eructations now and then; reaction very imperfect. *Cuprum 30*, no urine.

9.15 A.M.—After taking a little sugar-candy and water, he vomited a large quantity of bitter watery fluid of a greenish colour.

4 P.M.—Pulse much better; no urine; eyes dull and injected, speaking incoherently now and then; body warmer, extremities still cold. *Bell. 30*.

10 P.M.—Delirium much less, eyes red; pain in the stomach decidedly less. Repeat *Bell. 30*.

2 A.M.—Conjunctiva less injected, no more stools, no urine; retching now and then with scanty vomit; appears perfectly in his senses; extremities warmer. Stop medicine.

May 8th, 6 A.M.—No more pain in the stomach, no stool, no urine, no delirium; pulse less but accelerated, eyes more healthy-looking. Ordered to take a little sugar-water.

A Case of Cholera

(Reported by Dr B. N. Dutt)

Basanta Kumar, aged 15 months (son of Babu Amrita Lal Paul of Shibpore) suffering from a chronic diarrhoea for 3 months, was attacked with cholera on the 3rd Oct. 1874, at about 1 P.M. After about one hour from the breaking out of the disease I was sent for, and I found the child with the following symptoms—pulse quick and feeble; extremities rather cold; eyes sunk; restlessness, thirst and prostration. Before my arrival, had one copious watery stool and vomited once. I gave a dose of *Ars. 3*, which quieted the child, and for the next 6 hours he neither purged nor vomited. At 9 P.M. I again saw the child, when I found the pulse improved, extremities hot, but he was now passing watery stools of a whitish colour the discharges being preceded by rumbling and slight distension of the abdomen. Guided by these symptoms, I prescribed *Acid Phos. 2* with direction to repeat the medicine after every stool.

1st Nov.—Patient seems better, distensions of the abdomen less, no rumbling, stools yellowish, passed no urine since the breaking out of the disease. I prescribed *Canth 6*

2nd—Passed urine once when not

rigidity of the hands at present; had 7 scanty, watery, foetid stools during last night; passed urine twice. When the child lies on his back, he feels a slight difficulty on deglutition.

4 P.M.—At the suggestion of Dr. Sircar I had given 3 doses of *Chininum Sulph* 1, during the intermission, but the medicine could not keep off the fever paroxysm which came as usual at 5 P.M. The following report was sent to Dr. Sircar.

5th—Had several foetid stools at night; abdomen distended, pulse 108 and regular. He sent *Chin* 30.

Evening—Dilatation of the pupils less; still drowsy; had 2 scanty stools, passed water once at 11 A.M.; pulse 108, skin hot, fever came at 3 P.M. Dr. Sircar sent the following directions. "I should do nothing during the fever, but would resume *China* after its subsidence."

6th Morning—Difficulty of opening the jaws. Had to give a dose of *Bell.* at 9 P.M. At 2 A.M. the dilatation of the pupils was found much less, spasmodic closing of the jaws, pulse 96, skin slightly hot. At 3 A.M. gave a dose of *Cup Ac* 1, had 3 scanty stools of the same colour and consistence as before stated micturited once, abdomen distended. After the administration of *Cup* the symptoms suddenly changed for the

11th—Pulse 102, skin very slightly hot; no stool, micturited twice, whitish deposit in the urine, no medicine. Diet—boiled rice.

12th—Fever came at 8 P.M. last night; skin still hot, pulse 120, no stool; micturited twice. As directed by Dr Sircar, I gave *Nux V.* 6 in globules.

13th—Pulse 126, skin hot, the temperature of the right leg is higher than that of the left; one yellowish stool at 4 A.M., tongue red and hot; protrusion of the tongue, twitching of the facial muscles, constant rolling of the eye-balls, attended with movements of the head, pupils slightly dilated, occasional moaning, less desire for food. *Bell.* was given, however, not having done any good. *Fluxus* was given at the suggestion of Dr Sircar.

14th—Pulse 120, skin slightly hot, no stool, micturited once, tongue red, rolling of the eyes, less movements of the head, less moaning; *Fluxus* was given at the suggestion of Dr Sircar.

15th—Pulse 120, skin slightly hot, no stool, micturited once, tongue red, rolling of the eyes, less movements of the head, less moaning; *Fluxus* was given at the suggestion of Dr Sircar.

16th

17th

18th

was suffering from colic.

19th, 5 P.M.—Pulse could not be counted on account of incessant convulsions; spasms of the whole body, especially of the hands and legs, with rigidity of the neck, stiffness of the sterno-mastoid muscles; constant, loud crying, distortions of the facial muscles; coldness of the feet. *Nux V.* 30.

20th—Pulse 114; skin slightly hot; no stool for 2 days; neck rigid, but the sterno-mastoids less so, inability to open the mouth; convulsive movements of the hands less. The loud crying has changed into weeping. *Nux V.* 30.

20th, 3.30 P.M.—The sterno-mastoid muscles are soft, the neck bent backward, the spasms have again become very violent. After giving 2 doses of *Nux 200*, I tried *Colocy 6*, with the same unsuccessful result. Incessant loud crying, eyes upturned with rolling of the eye-balls. Prescribed *Bell. 12*.

21st—After the 2nd dose of *Bell* the child slept for about an hour, and on waking, a third dose was given, this was succeeded by a quiet sleep for more than two hours, the frequency and the severity of the spasms were also less, had 3 very scanty stools, and passed urine twice. Skin hot, pulse 120.

3 P.M.—After a temporary lull the spasms

[illegible]

1. The first step is to find the value of x for which the function $f(x)$ is zero. This is done by setting $f(x) = 0$ and solving for x .

2nd. After the administration of Coc., the child continued to breathe at the nose, the respiratory effort increased less, weepings continued undisturbed. From the above report Dr. Sauer prescribed Cocain.

Notes: The response appear less, but the style continues swelling of the lower lid of the left eye with contraction. The spores commence at 7 A.M. and continue increasing till 5 P.M. when they are at their maximum. Conduct of the extre-

the nose at intervals, crying. For the above symptoms Dr. Sircar directed to resume *Cina* 200.

26—Spasms much less, crying less; no more rigidity of the neck and limbs. From this time the child made steady progress towards improvement, and in about a week, all the untoward symptoms entirely disappeared, although they left the child severely prostrated.

A Case of Elephantiasis of the Left Leg

Biswanath, aged 50, was first seen at the Out-Door Dispensary on the 14th June, 1879.

Previous History—He had inflammation of the lymphatics of the left leg about 25 years ago, accompanied with fortnightly attacks of lunar fever, and suffered from several such periodical attacks for a long time, followed by an interval of comparative freedom from the fever, which used to come on every 2 or 3 years. The attacks resulted in slight increase in the bulk of the left leg. Since the last 10 months the fever has been re-appearing with its former violence and periodicity. With each attack of the fever there was some increase in the elephantiasis, on which it last appeared several large nodular prominences.

Present Symptom—The elephantiasis was confined to the lower part of the left leg from

amenable to medicinal treatment, and is therefore looked upon as one of the opprobria of medicine. Under Homoeopathic treatment we have found the disease kept in check, but not cured. This is the first case, in our hands, which has resulted in the most satisfactory cure. *Arsenicum*, and *Hydrocotyle Asiatica* (so much vaunted in elephantiasis) did no good whatever. *Spigelia*, which was selected for the peculiarity in the time of appearance of the fever, not only removed the fever, but with it nearly half of the skin affection. *Silicea*, which scarcely did any good in the beginning, completed the cure, after *Spigelia*.

A Case of Haematuria

R. L. M., aged 45, came on the 7th of May 1881, to the Out-Door Dispensary for treatment of bloody urine, which he was passing for about a week.

Previous History—He had gonorrhoea in his 19th year, since then he had led a debauched and intemperate life till 4 years ago, when he was attacked with dyspepsia, for which he had recourse to old school treatment. He had derived so much benefit therefrom that he discontinued all medicine for four months previous to the appearance of the haematuria. For 8 days immediately before the attack of this disease he had to keep up nights and to take his meals at

100 leucocytes for 100 erythrocytes, and a large amount of mucus in place of sediment. During this period he took a large amount of the quantity of his urine, and 4 or 5 days after his arrival at Columbia he began to pass bloody urine, for which he tried himself under the treatment of a well-known old school physician for a week without any benefit.

At the time of his admission he had no other complaint than the bloody urine and the consequent feeling of weakness with slight pain in the bladder. The quantity of urine was normal, mixed with coagulated blood. He had given to him *Col. 6, Na. V. 6, Puls 6, Tereb. 4, Am. 6* and *Am. 2* in succession, without any effect. On the 19th *Col. 6, Veg. 12* was given, and the blood disappeared after two doses. The patient improved daily under the medicine which was continued for a month. We see the patient almost every day, and we are glad to say that up to date he is well.

removing it in the most prompt manner and the shortest possible time. The pathogenesis of Carbo Veg simply gives - 'Dark red urine, as if it was mixed with blood. Reddish turbid urine.' No mention is made of clots of blood with the urine. We were led to its selection in the present case, by our previous experience of the efficacy of the drug in hæmorrhage from the rectum with coagula.

A Case of Strangulated Hernia

Bibu, aged about 70, is subject to right inguinal hernia for upwards of ten years, in consequence of which he occasionally wears a truss. For some days previous to, and on the 14th of this month, he was exerting himself considerably in levelling a certain piece of ground. At about 2 P.M., he suddenly felt a pain as of the threatening protrusion of his hernia. Immediately it began to descend in spite of his efforts to keep it back. The descent was slow so long as he kept his hand pressing against it. The moment he took his hand off it, which he had to do in order to take his baby in his arms, the gut came down and would not get back. It descended into the scrotum forming a pea-sized tumor. All effort in putting it back having failed, I was sent for at 5 P.M. I found the constriction at the

[illegible]

Remarks

In this case there could be no doubt that the credit of the reduction of the hernia was due to *Lycopodium*. Whether the repeated vomitings after its administration was due to it or not, it is not possible to say, as the patient had vomited once before. But the stool was evidently the effect of the drug, and the subsequent return of the gut into the abdominal cavity was but a part of the peristaltic movement thus originated. This is not the only instance in which Homoeopathic remedies have succeeded in reducing a hernia after strangulation and after failure of the most careful taxis. In one case I had succeeded with a high attenuation of *Nux Vomica*.

A Case of Ulcerating Epithelioma over the left heel cured by *Hydrastis*

Babu K. C. B., aged 24, by profession a teacher, came to the Out-Door Dispensary on the 31st March 1879 for treatment of an ulcer on the left heel.

Patient stated that while walking in his class he accidentally struck his left heel against a bench, which caused some pain in the part at the time. In the evening he observed a slight swelling of the heel. The pain increased for about two days.

He then consulted a friend who began to treat him with *Hydrastis*. In a few months the ulcer healed and the patient was completely projected

**A Case of Malarious Fever in a Child, with
Urination during chill, benefited by Cedron**

Surendra, aged 4, has been suffering off and on since he was 6 months old from malarious fever, spleen very much enlarged, extending in front to within an inch of the umbilicus, and downwards about 2 inches above the crest of the ileum. Very pale and anæmic. Last attack of fever has commenced since 23rd June. Fever is of the remittent type, aggravation from noon. Motions loose, yellow, 3 or 4 in 24 hours.

29th June—Fever came on a little after noon with slight chills followed by burning heat, and sleep during the first part of the heat. Aco 6, 1 dose. Fever left with perspiration by evening.

30th—No medicine. Fever came on as usual half an hour after noon, lasted the whole night and continued till late in the morning.

1st July—The father of the child reported that both yesterday and day before the child used to pass urine during chill in a half drowsy state. Cedron 6, one dose at 11-30 A M. Fever came on at 2 P M, later than usual by an hour and half, was of less intensity but lasted the whole night. Maximum temperature 103. Did not pass any urine during chill or any other stage of the fever.

2nd—Cedron 6, one dose at 7 A M, and

Remarks

In this case Carbo Veg. was selected because the patient was by profession a blacksmith, and the indistinctness of vision was supposed to have been produced by the excessive heat to which the eyes were exposed, out of deference to a tradition, how originated we cannot say, but which we have verified often, that Carbo Veg. acts remedially against the effects of heat, whether of fire or of the sun.

A Case of Facial Paralysis

Adya Nath Biswas, aged 45, came to the Out Door Dispensary on the 5th of July 1879, for treatment, having been attacked with facial paralysis of the left side.

Previous history.—About 10 days before, one afternoon he had felt a biting and throbbing pain in the occipital region and nape of the neck of the left side. The next morning when he went to wash his mouth he noticed that he could not gargle properly. The same evening one of his children took a fall on the back of his head and his

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She was suffering from dysentery for the last three days and had to go to stool several times, about 40 or 50, in 24 hours. There was no blood with the stools, which were scanty and consisted entirely of mucus. There was considerable pain (gripping and tenesmus) during stool
Ipec. 6, T.D

On the 20th there was no improvement either in the number of stools or in the pain. A round worm was passed with a stool. *Cina 6*

21st—The number of stools and the pain were just the same. *Kurchucine 10 grs.* to be divided into 6 doses, of which she is to have three doses daily

After taking *Kurchucine* she was much better. The number of stools and the pain considerably diminished, and a large number of round worms, about 15 or 20 were expelled.

Kurchucine was continued in the same dose up to the 26th instant, by which date the pain had ceased altogether, and there was but slight mucus with the stools

On the 2nd March she reported that there was still slight mucus with the stools. Our stock of *Kurchucine* having gone out we had to give *Ipecac* again, and this completed the cure within a short time

He gave no medicine, but applied *Bellad.* liniment and over it a poultice. By the 2nd July the swelling and pain and fever all increased; another practitioner was called in, who rightly suspected the swelling to be an abscess and ordered Quinine mixture internally, and Belladonna plaster externally. On the 5th July this last gentleman called again, and finding no abatement of the fever nor of the swelling, gave up all hopes of resolution, and adopted measures for encouraging suppuration. On the 6th a third practitioner was called in. This gentleman suspected suppuration of the spleen, he applied a large Belladonna plaster over the swelling, and gave fever mixture during fever, and quinine mixture during remission. He called again on the 8th and continued what he had ordered on the 6th.

I was sent for on the 10th. I found the child suffering from intense fever and a painful swelling on the left side of the abdomen. The swelling extended from the left floating ribs to the pubes, the whole region between these parts being enlarged and highly tender. The temperature of the body was 103° F. The tenderness was more marked in the upper part of the abdomen than in the lower part. The pain was better

Continue to give solid diet.

14th—Fever still less. Pain less. The swelling seems less red and a little but reduced in size. Continue medicine. To have Chapatis (hard made bread) given to-morrow.

16th—Much better. Fever considerably less. Swelling going down and much less painful. To have medicine only twice a day. Diet same.

19th—Very much better. Patient quite cheerful. To have medicine only once a day. Diet same.

22nd—No more fever. Swelling much reduced in size, though the hardness still continues. Child quite cheerful. No medicine for two days.

25th—Child improving rapidly. No more fever, hardness in the swelling less. No medicine. Diet same.

29th—Child can stand supported. No medicine. Same diet (chapatis) for sometime yet.

I saw the child again on the 29th of this month (August) and found him all right. In the sitting posture a slight depression in the abdominal parietes was observed about 2 inches to the left of the umbilicus. This nearly disappeared when he stood up. When the part was pressed a small fluctuating tumor was felt rather deep in the tissue. The tumor was not very large.

lymphatic gland, and did the inflammation originate in it and spread to the surrounding tissues? The effect of Mercurius in causing resolution of an inflammation that threatened suppuration and invaded such an extensive area of the abdominal parietes was marvellous. There cannot be the slightest question that it saved the child from the knife and the consequences of a huge abscess! The administration of *Hepar Sulphuris*, as was advised by a Homoeopathic practitioner, would in all probability have helped the suppurative process and entailed more suffering.

I would draw particular attention to one point in the treatment of this case, and that is the withholding of rice till the inflammation had wholly subsided. A long experience has convinced me that rice-diet is generally very injurious in inflammatory disorders, especially when the inflammation threatens or assumes a suppurative character.

A Case of Remittent Fever

“ I have been consulted by a medical
 gentleman, 15th June,
 who had had
 His

Remarks

In this case Bryonia, though clearly indicated by the painfulness of the body and the state of the left lung, did no good. Mercurius removed the lung-symptom, but the fever, which at first seemed to show a tendency to decrease, increased afterwards, and did not come down permanently till Spigelia was administered. I should here mention that the peculiarity of the commencement of the chill as to locality whence it spreads to the rest of the body, often affords valuable help in the selection of the right remedy in intermittent fevers. Sulphur selected by the peculiarity in the taste which was persisting for sometime completed the cure. This case furnishes a good proof that pathology has not yet advanced sufficiently far to help, without symptomatic indications, in the selection of the appropriate remedy.

A Case of Sciatic Neuritis

This was a good case, and the patient has furnished us with the following clear account of it. —

"On Friday the 5th August last, I felt a little pain in my left knee joint. I took it to be an ordinary sprain from over-exertion at the time.

I was very anxious, as I could not walk easily. I tried the counter-irritant, but it did me no good. When I lay down it made me restless. I could not walk. I was obliged to confine myself to bed, and in the lying posture I felt comfortable. The Iodo-calcium and the Kalmus's treatment, the plastered plaster and old glue mixed with turpentine and rock salt to be rubbed over the part affected. I continued the process for a week but got no relief, on the contrary the pain became so violent and acute, that it made me restless and even in the lying posture I could not get relief. I had then to seek for other medical aid, and placed myself under the treatment of two Allopathic doctors, who treated me for 11 days. They first prescribed castor oil, hot water fomentation, and liniments to be rubbed on the part affected. I applied the same for a week but it did me no good. Then they directed me to apply a mustard plaster to the part affected but no relief ensued. The pain gradually increased, and from knee-joint to the hip joint, and the back. It was so violent that I could not walk. I was so restless that I could not sleep. I was so restless that I could not sleep. I was so restless that I could not sleep.

finding no relief he came to Dr. Sircar on the 20th inst. He was advised to take Arn. 3 internally, and to apply a lotion of its mother tincture, attributing the inflammation to the process of fitting corks into phials which the patient, being a Homoeopathic druggist, was in the habit of doing

There was some relief of his sufferings on the first day after taking Arnica, but the pain subsequently became as bad as before. On the 24th he was seen again by Dr. Sircar, who prescribed Sil 10, and the medicine was continued for two or three days without any effect

Thinking suppuration to be inevitable, patient took of his own accord Hep Sulphur, 3, and applied an ointment of Nim (A. aditacht) to the abscess, which did him good result. He then came to Dr. Sircar in his own way, and was given the following relief

1. Arnica 3
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10. Arnica 3

A Case of Facial Paralysis

Hriday Malakar, aged 32, was presented himself for treatment, at the Out-Door Dispensary, on the 30th July 1883.

Previous history—The patient was suffering from rheumatism, consequent on an attack of chancre contracted four years before. For the last few days he had swelling of the gums and intense aching pain in the left upper and lower incisors. To relieve this pain he was advised by some one to hold a piece of red hot iron between his affected teeth. Following this advice, he had the facial paralysis of the left side, but the pain in the teeth entirely disappeared.

Present symptoms—The paralysis occupied the whole of the left side of the face together with the left half of the tongue. He had this paralysis for the last 12 days. He had lost all taste in the paralysed portion of the tongue and there was a sensation of coldness in that part. There was constant lachrymation of the left eye with inability to close it perfectly. The left nostril had lost all sense of smell. The left angle of the mouth allowed all water to come out if he tried to gargle and he could not blow properly on account of his inability to retain the wind in his mouth.

And to be preserved

lachrymation, photophobia, gritty sensation supra-orbital pain, &c. But the nebula in the cornea still continued to interfere with his vision.

28th July—*Hep S.* 30 was given.

On the 28th of August, he was seen to be doing well. The dense patch had almost disappeared. The last medicine was continued for a few days more, with complete restoration of his eye-sight.

A Case of Loss of Memory

J. L.—an East Indian, aged 47, was admitted into the Out-Door Dispensary on the 15th June, 1885, for loss of memory and headache for the last 6 months. He said that he was always forgetful and does not remember words which were said to him half an hour before. He was in the habit of drinking for a long time, and had left off that habit only for the last six months. He thought that this forgetfulness and headache might be due to his former irregularities. The

hour or an hour and a half if no measures were taken to relieve it. This distressing symptom would never come on while reading, nor during the night even when writing. He had also vertigo while walking, whose sudden appearance compelled him to sit down for a while. Frequent micturition and loss of sexual desire were the other complaints from which he also suffered during this period. *Crotalus 6* was prescribed.

On the 6th, he reported that he was considerably better and had no loss of vision during that period. The same medicine was continued.

11th—His servant came and reported that his master was doing well, and had told him to have that medicine repeated.

The same medicine was continued for another 3 days, which relieved him of all his sufferings.

A Case of Dysentery

A boy Chaitin Choudhury, age 14½, was admitted to the hospital on the 15th of

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his urine which was clearly visible after being deposited. This sediment was gradually replaced by small concretions which gave him trouble during micturition. Though he had no decided obstruction still the urine was passed in a thin stream, and by great effort he succeeded in passing out these concretions. *Lyc* 30 was prescribed.

14th—No decided improvement was reported. The same medicine was continued.

19th—He said that he had not passed any more gravel after the 16th.

From the commencement of taking the medicine every morning he used to pass small gravels till the 16th, on the morning of which day he passed a pretty large one about the size of a pea, elongated in shape, and since then he has been doing well.

The same medicine was continued up to the 21st of November, relieving the patient of all his urinary trouble.

A Case of Hematuria

A patient, aged 45 years, came to me on 7th March, 1902, complaining of hematuria about 10 days. He had a

tion of the heart has come on. He has been suffering from the heart disease for about 5 years and has been treated by Kavirajs and old school physicians but to no effect. He had gonorrhoea also long before the attack of rheumatism.

Symptoms on admission—He complained of a pain and palpitation in the præcordial region with sudden attack of vertigo and fainting.

On auscultation a distinct bruit was heard loudest at the apex with the first sound of the heart. He was also suffering from seminal debility, sleep disturbed by dreams, and costiveness. *Spig 6* was prescribed.

8th. On auscultation the bruit was heard to less distinct than before. *Spig 6* was continued.

12. He said that his palpitation was much better. *Spig 6* was continued.

On the 15th further progress was reported and the same medicine was continued.

17th. The heart sounds were almost normal, the bruit was not so distinct, but his costiveness was not relieved. *Spig 6* was pre-

him worse still, and he was at last brought to Dr. Sircar. This was on the 25th of February 1886.

Dr. Sircar noted the following symptoms on his first visit: patient pale and emaciated, with a sallow look; fever of a remittent character, the temperature ranging between 100° to 104°; there were two distinct accessions in 24 hours; spleen and liver both enlarged, right cheek swollen, and inflamed, with a circumscribed sloughing spot in the centre (about half a rupee in size); right eye almost closed, jerking pulse, a tearful countenance, and afraid of being touched by any body in the face. Ordered Bell 6, 2 doses.

26th--Sloughing extended rapidly over the inflamed surface, fever as bad as before, constant desire to be fanned, ordered Carbo V. 12, two doses after consultation with Dr. Sircar.

27th—The slough seems still on the increase; patient very talkative during height of fever.
Lush &

28th—No further extension of slough, fever now less, but still burning.

How large from
to be
and

filling up yet. Ordered strapping of the wound with adhesive plaster. No medicine.

20th—Wound contracting and the gap filling up. No medicine.

25th—Patient doing well ; ordered milk and chapatis with moog soup.

Remarks

In this case Belladonna, which I have found to be very frequently useful in high fevers with double accessions, did no good whatever. The rapid extension of the sloughing indicative of low vitality, with constant desire to be bled, induced us to give Carbo Veg., but it too failed in arresting the disease. The loquacity during the height of the febrile paroxysm and the severity of the local destructive process, giving rise to a septicæmic condition in a constitution previously debilitated by malaria and bad treatment, led us to think of Lachesis, and we were happy to observe its beneficial effects from the very day it was exhibited. We used it for fifteen days with uninterrupted improvement, and we had the satisfaction of seeing the child saved by it from the very jaws of death.

A Case of Cholera

1.—A Hindu female aged about 80 years, came to Calcutta from the village of the 20th April 1894. She was attacked by cholera when she

time down, and to let her avoid me during the day. From early morning of next day to the 24th noon, she began to pass loose stools. When I saw the patient at 1.30 on 6th P. M., I found that she was very weak and had 15 or 16 loose stools, but no vomiting. The pulse was strong and bounding. I did not know the history of the case but that she had taken fried paddy and milk two or three days continuously before she came to Calcutta. I then ordered a dose of Camphor water. Two hours after I was called in and upon enquiry I found that since the exhibition of Camphor water she had 5 loose motions; the stools were ejected with great force and spurring and were also hot in character. The pulse at this time was observed to be intermittent. I was then told that she was an opium-eater. I ordered her a dose of Cast. T. 6 and castor oil 100 grains, and to lie in bed after taking the medicine. The patient passed 10 stools

Sircar, at this late hour, and asked him if I could not give her a dose of Verat. 6. He gave me permission to do so but with an observation which I shall never forget in my life, inasmuch as it taught me how very cautious we should be even to give an infinitesimal dose of medicine to a patient. The observation was—"you may give her a dose but I fear it may bring on vomiting," as the patient has had no vomiting up to that time. However, without any further consideration one dose of Verat. 6 was given at 1-30 A.M., and an hour and a half afterwards the patient vomited and had a watery stool as if to fulfil the prophecy of my father. I went to see her at about 3-15 A.M. and saw the vomited matter and the stool. Instead of being frightened at this I was rather glad, for the vomited matter contained seeds of undigested potatoes and other undigested food materials which I believe relieved the stomach from further irritation. I did not do anything for the patient but simply watched her till 4-30 A.M. She was very thirsty at this time and cramps began to appear in the fingers and toes. I gave her little water to drink and relieved her cramps by rubbing. At 6-15 A.M. she had no more vomiting. Early in the morning, at 7-30, she had three stools.

the first of the series of experiments, the results were as follows: The first series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The second series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The third series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The fourth series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The fifth series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The sixth series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The seventh series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The eighth series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The ninth series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution. The tenth series of experiments was conducted with a view to determining the effect of the different doses of the drug on the rate of absorption. The results showed that the rate of absorption was increased by the use of the drug, and that the rate of absorption was increased by the use of the drug in the form of a solution.

and was free from it in an hour and a half, without anything being done for it. It however, made its appearance every day, but not at any stated time, and used to last from an hour and a half to two hours. A Homœopathic friend, in view of her delicate condition, could not venture to give her any medicine internally, but simply had given her *Puls.* 40 to inhale. This, however, was without effect.

I saw her at about 6 P.M., of the 7th inst., the 7th day of her illness. About a couple of hours before my visit she had begun to have the pain which, instead of leaving her as usual, was getting more and more excruciating. On inquiry I learned that the pain is ushered in by frequent urging to urinate with very scanty discharge, the scantier the discharge, the greater the severity of the pain. The pain runs down along the left ureter to the bladder. During the pain there used to be little or nothing to eat or drink, and the pain

was so severe that she was

unable to do all

her usual

work.

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is

she was ordered by her physician to take lithia water which she did for 12 days, that is, for eight days after the pain had left her. So the present was her second attack.

I gave her Berh 2x, one drop for a dose, to be repeated every 2 hours for three or four doses, if necessary. I learned on the following day that she had to repeat the medicine only once, after which she fell asleep, and has not had the pain since.

A Case of Acute Rheumatism after taking decomposed Shrimps

Reported by Amra Lal Sagar, L.M.S

Sheik Golam Ibrahim, Mahomedan, aged 40, of Calcutta, our press-man, suffered from acute inflammation of both the ankle-joints. The patient states that on Thursday the 6th of September he took some cooked shrimps with his evening meal, which were not quite fresh but slightly decomposed. At night when he was in bed, he noticed that the ankle-joints began to itch and also several petechial patches were found near and about them. The left ankle-joint became painful and swollen. This of course he did not mind as it was late. The next day he came to his work as usual after having bathed

and taken rice with the same shrimp which had been cooked the night before.

When he came to work, he showed us his legs which we found to be in the condition described above. We advised him to stop work and await the result. Within two hours the swelling perceptibly increased and became so painful, that the patient felt difficulty to stand.

As his business required him to be long in the standing posture he was obliged to take leave for rest. Assuming that the disease was due to taking decomposed animal food, Dr. Sizer prescribed A. 12. This, however, did him no good. The swelling began to increase, the pain increased in proportion, and moreover fever and heaviness of the head supervened. Lach. 6 was then prescribed and at 4 P. M., the first dose was exhibited. Very soon the patient felt a little relief. The pain was slightly better but the swelling remained almost the same, and at about 6 P. M. he was unable to walk with difficulty. At 8 P. M. he was unable to walk at all. At 8 P. M. This

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satisfactory, ordered him to continue the same medicine. The medicine acted like a charm, and on Sunday morning the patient was so well as to be able to walk, without help of any body, to our house which is a mile from his place. The petechial patches subsided on the morning of Saturday. The swelling went down on Sunday and he was perfectly recovered so as to attend his office on Monday.

Cases of Gingivitis with Inflammation of Bone

Reported by Dr. Anna Lal Sircar, L.M.S.

Case 1. Prof. N.—Hindu, Brahmin, aged 54, was suffering from severe pain and swelling of the left upper gum involving the jaw-bone. The patient could not sleep at all on account of pain. He came to Dr. Sircar early in the morning of November 23rd, and he mentioned that he had indulged in pomegranate and apple and pulp of palm-nut for some four or five days. Dr. Sircar prescribed Ars. i. gr. x. The patient reported next day that his suffering was relieved. He went to bed and on the 25th he was cured. On the 26th he reported that he was cured and the swelling had subsided. He was cured. Next day he reported that he was cured and the swelling had subsided. He was cured. Next day he reported that he was cured and the swelling had subsided. He was cured.

Case 2. S—a medical man, aged 60, had severe inflammation of gum of the lower jaw on the left side, in the middle of October last. The inflammation involved bone and culminated in suppuration, and the pain of the whole of the left side of the jaw was so great that though averse to operation, he decided upon having the part lanced. But in the hope of averting the operation, he took a dose of *Silicea* 30, with which drug he himself had caused dispersion of gumboils in innumerable cases. The medicine was taken in the evening, and the pain and swelling increased to such a fearful extent that he had not a wink of sleep in the first part of the night. He had some sleep in the latter part of the night, and he awoke in the morning, with considerable subsidence of the pain and swelling, and he was well in a few days, though as the result of the action of *Silicea*, he had itching eruptions all over the body, from which he is still suffering. About fifteen days after, he had similar and perhaps severer inflammation of the gum of the upper jaw of the same side. For fear of aggravating his itching eruptions he could not think of *Silicea*, and he kept himself without medicine, though suffering severely for some days. One day the sufferer was so great that he was obliged to take

a grain of opium. This did not improve matters in the least. On the contrary his bowels became somewhat distended, and the pain increased so much that he writhed in agony till two o'clock after midnight, when he thought of counteracting the effects of opium by *Nux Vomica*, but before taking it he referred to the *Materna Medica* and found the following symptom exactly corresponding with his "Swelling of the gums of the size of a finger, with throbbing pain as in an abscess." He took one dose of the 6th and fell asleep in half an hour. He awoke nearly well in the morning. One more dose had nearly completed the cure, when he had the folly of taking a dose of the 3rd which brought back the symptoms for a short time, but he was well again in a day or two.

A complicated case of fever consisting of the cold stage alone; final recovery after a single dose of *Aranea diadema*

I was called to see Babu M. N. Dev, aged 24, at 11, Naradaram Sen's Lane, Sobha-Bazar, Calcutta, on the 29th inst. at Dec. when I found him suffering from a cold stage of fever, with a temperature of 97° F., and a pulse of 60. He had been ill for three days, and had taken several doses of medicine without effect. He was very weak, and had lost his appetite. I gave him a single dose of *Aranea diadema*, and he recovered in a few hours.

Pectoris. The symptoms were : prickings in the heart, which used to rapidly increase in intensity, followed by violent palpitations, coldness of the extremities, unconsciousness, and convulsions. These used to be relieved by inhalations of nitrite of amyl, without which they did not show any tendency to abate. For the first six months the fits used to come on daily, sometimes twice a day. Sometimes the fits would occur during sleep. Besides nitrite of amyl inhalations during the fits, the doctors (old school) prescribed nitroglycerine, nitrite of soda, arsenic, and several other medicines in various combinations, for internal use. After six months, the fits used to come on every week for eight months, and after this period, for the last four months the fits used to come on occasionally from four times to once a month.

On the 18th Nov. last, while suffering from catarrh for four days, he bathed in the river in the forenoon to get rid of his cold sooner as he hoped, but began to be worse from the afternoon of that day, and got fever in the night. This fever used to come on every forenoon with chilliness, sometimes shivering, attended with coldness of the extremities. The temperature never rose high, but the attendant symptoms were very

were incessant and violent, and even a teaspoonful of water would be thrown up immediately. From my previous experience of the beneficial effects of *Eupat perf.* in such conditions, I prescribed a dose of the 6th Dec. The first dose, though immediately rejected, seemed to do some good. It prolonged the intervals between the vomitings, and this encouraged the patient to take another dose. But no sooner was this done, than the vomiting came on with increased violence. I called again in the evening, and found the condition of the patient to be really pitiable. He had not a moment's respite from the incessant torture of retching and vomiting. On inquiry I learned that the vomited stuff had a compound taste of sour, bitter and salish, sometimes it was one or the other. The only medicines which corresponded to this were Sulph and Puls. Thirstlessness decided in favour of the latter. A dose was given in my presence, it was thrown up immediately. But singularly enough the medicine which could not be retained, was retained, and the patient was cured. The following is the prescription.

vomiting when perspiration fails." I could not find any authority for this singular symptom, but as some of the cardiac symptoms of the drug corresponded with the symptoms from which the patient had been suffering for two and half years, and as the fever appeared with clock-work regularity at 11 A.M. I administered a dose of *Cact. 3r*. The medicine was retained, and the vomiting ceased at once. But the patient had not, however, that rest in the night which he had after *Pulsatilla*.

11th—Though the patient had no sleep in the night, he was free from retching and vomiting. A dose of *Cact. ix* was repeated this morning. The fever, however, came on all the same at 11 A.M., with restlessness, cold feet, headache, &c., but without any retching and vomiting. No more medicine was given the whole of this day.

12th—Fever came on as usual at 11 A.M. I did not attend this day, but I learnt that the patient after the onset of the fever was very restless and had suddenly become insensible, and that inhalations of Nitrite of Amyl had to be had recourse to in order to restore him to consciousness. He died at 6 P.M., and was buried at Avebury at 7 P.M.

no medicine till the morning of the 19th, when she reported that she was almost the same. Spig 6 was again prescribed and continued till the 30th, when she reported herself better.

On the 1st May she had slight fever which gave way to *Ars. 12*. But this caused a little aggravation of the swelling and as there was no thirst *Apis 6* was prescribed, and continued till the 8th of June. Some benefit was derived, but this becoming stationary, *Apis 10* was substituted for *Apis 6*, and was continued till the 29th of June, with the result that the swelling of the limbs and the puffiness of the face went down a great deal, but the palpitation of the heart was almost in the same condition. Spig 6 was again given on the 29th June and continued till the 10th of August. She felt herself much better in every respect, except that the menses continued scanty and watery. Hence on the 11th Aug *Puls. 6* was given which was changed to 30th on the 14th and was continued till the 22nd.

From the 22nd Aug 1893 to the 25th of February 1894 she was kept under observation without medicine, but no alteration was made in the diet which consisted only of chapatis, mugh-dal and milk, rice being altogether prohibited. The patient improved steadily the heart sounds

of appetite, which gradually became less and less, and in fifteen days it came to be associated with the pain in the abdomen, for the relief of which the patient sought my help

On the first day, that is, on the 26th April, the pain was first felt in the morning; it passed off after the morning meal. It recurred in the afternoon at 3 P M., but was of lesser intensity and duration, lasting for an hour or so, and going off after eating something. The pain recurred every day with increased intensity twice as on the 1st day, for 4 or 5 days. Afterwards the pain used to come on after evening also, going off after supper. The pain was of a griping, twisting character. It used to start from below the umbilicus and diffuse itself up above to the epigastrium. It was not relieved by bending double or by pressure, but only by eating something. There was some constipation, and the urine was scanty and reddish in the morning, free and natural at other times. There was no thirst, no heart-burn.

When the patient first came to me on 1st May 1930, he told me that he had been ill for 3 months. He came to me because he had no improvement, and because he had heard of the "cure" which I had given to the patient who had been ill for 3 months and was now well.

pathological lesions produced by drugs. Even if we had a perfect pathological *Materia Medica*, we could not dispense with symptoms. For several drugs may affect the same organs or the same parts of one or more organs. But their differentiation can only be effected by the difference of symptoms which develop under their action, the order of their appearance and the conditions of their aggravation and amelioration furnishing the differentiating characters.

A Case of Meningitis with threatened Apoplexy

Reported by Babu Baroda Prasad Das

G. S., aged about 54 years, complexion fair, trunk corpulent with rather slender extremities, neck short and thick, was taken ill on the 1st January 1895. At 1 A.M., he complained of intense headache of a pricking character, an indefinite, uneasy sensation in his abdomen and sleeplessness. There was good deal of eructations; also great anguish of mind.

While at Jaunbazar (in Calcutta) he felt his first discomfort. This was a sensation of heat which was so very excessive that he had to put off his shirts and even to be fanned. Finding no relief and his anxiety having increased, he caused a carriage to be brought to convey him to his house at Khetla, about 10 miles off. On his arrival, he was attended by a friend, who stated that his

at about 4 P M. I gave *Lyc.* 6, and it had the desired effect. The first dose postponed the attack several hours, and the pain when it returned was very much less than before. There was return of mild attacks at irregular intervals from the 19th to the 24th. *Lyc.* 30 completed the cure.

Remarks

The fact of the patient having exposed himself to the Sun, the premonitory symptoms, the attack of convulsion followed by snoring, almost stertorous sleep, led us at the time to apprehend an attack of apoplexy, which was averted by *Acon* and *Glon*. The persistence of intense headache, after the urgent symptoms were over, evidently pointed to the meninges as the seat of mischief, and *Bry.* at once checked the inflammation and brought the patient round in an unexpectedly short time. After a pause the headache assumed quite a different character, from being inflammatory it became neuralgic, due no doubt to gastric irritation, as was evidenced by the persistence of eructations which continued so late as the 14th of Jan. The selection of *Lycopodium* according to the time of aggravation was justified by the event

Two Cases of Diarrhœa, Cured by Nat Sulph

Case 1—Mr W R, aged 63, was taken ill with diarrhœa from the morning of the 13th August last, which came on after a pretty heavy dinner which he had indulged in on the previous

day, notwithstanding that he was suffering from loss of appetite, costiveness, pains and aches in the chest, palpitations, &c., for some time. I was asked to treat him on the morning of the 19th. The stools would commence towards morning and stop after mid-day. They were thin, greyish, passed with noisy flatus, and about four or five in number. They were not very copious. There was continual rumbling of the abdomen. The patient had no appetite, felt feverish, languid and depressed. He described his palpitations as fearful. Occasionally he would get a stool or two at night but never in the afternoon.

The morning diarrhœa and the noisy flatus passed with the stool led me to prescribe *Natrium Sulph.* I gave the 6th decimal dilution, one drop for a dose, twice daily. He began to improve from the very first dose. He was nearly well in three days, and quite well in six days.

Case 2—Dr. . . . subject to colic and diarrhœa, was taken ill with his old complaint on the 20th August. He could not trace it to any dietetic irregularity, unless the slight turbidity of the drinking water owing to the rainy season be taken as such. The diarrhœa came on in the afternoon and continued which was of a twisting character and was present day and night.

was particularly bad after each stool. From about 4 P.M. to about 8 P.M., there were four or five stools each of which was liquid, yellowish, profuse, gushing, with much spluttering, followed by aggravation of colic which became more and more unbearable. In his previous attacks, which were characterized by stools of the same character, and occurring always in the afternoon, he had tried various Homœopathic remedies with no benefit. He therefore took, out of sheer despair and in expectation of immediate relief, 15 drops of laudanum. This, however, did not give him the relief he had expected, and he took 10 more drops after an hour. This had the effect of stopping the stools, and as a necessary consequence, of mitigating the colic. He woke in the morning to find that his colic had not altogether disappeared. It troubled him the whole day, and became aggravated again, but not so much as on the previous day, after a stool in the afternoon.

In this way he suffered till the 28th. He took no medicine on the 21st, 22nd and 23rd. On the morning of the 24th, having regard to the time of the aggravation of both the diarrhoea and the colic, from about 4 to about 9 P.M. he took a dose of *Lycopodium* with some benefit, the number of stools and the intensity of the colic being less. This

of the latter in occurring later and after rising. The clinical evidence of the second case shows that the distinction is not invariable. So far as the present pathogenetic record goes, the diarrhoeal stools of Nat. S. are yellowish. The first case shows that Nat. S. can cure where the stools are greyish and not yellowish. Again, Nat. S. is credited with the symptom—relief of colic after stool, whereas the second case shows that there may be aggravation instead of relief of colic after stools, so that the former symptom would be no contra-indication for the use of the drug.

These cases forcibly point to the necessity of subjecting the existing *materia medica* to thorough reproofing.

A Case of Night-Blindness, cured by Nux Vomica

In April last, when I was at Baidyanath Dham, Babulal, a servant of mine complained of night blindness. The blindness used to set in as soon as the sun used to set, and would continue till day-dawn when he could see again. There was no pain in the eye, nor any visible change in it. There was no other complaint. I could not trace it to any cause, except that after his morning work he used to go for his village about a couple of miles from where I was staying, and would come back to his village at night, and would be obliged to

26th—No Fever. Fits more frequent during sleep. Sd 12.

27th—No marked improvement. Cals. C. 30

28th—From the day of the administration of the medicine the child began to improve, and a few days after information was received that he was doing well. The subsequent report, after a month, was that the child was cured.

A Case of Neuralgic Toothache cured with *Plantago Maj*

Babu Lal Mohan Sanyal, of Doctor's Lane, Cuttack, Odutta, aged 62, came to me in the afternoon of the 21st inst. for relief of a toothache from which he said he was suffering for 15 days. The seat of the pain was in the root of the last molar on the left side of the lower jaw, but the whole left side of the head suffered sympathetically. There was throbbing pain within the left ear which would get worse from the slightest touch. There was aggravation of the toothache and of all the other pains whenever cold or hot water was taken into the mouth. He has had all sorts of medicine internal and external without effect. He had tried the tincture of *Plantago* externally and was cured. There was

improvement noticed to-day. She began to vomit bilious stuff, greenish and bitter, quantity varying from 2 to 4 drachms. Up to noon she had 6 such vomitings. She had no thirst, but would ask for water to relieve the hiccough which was very frequent. The extremities were still cold, there was still no pulse. The same quantity of opium was again given to-day at 6 P.M.

23rd No stool the whole day. No urine
Pulseless Still complains of pain in the abdomen.
Some tympanites. Severe hiccough Gave some
globules moistened with Tinct Camph At 5
P M there seemed to be a return of the pulse at
the wrist. Opium was again given to-day, but an
hour later, that is, at 7 P M There was no sleep
at night, and delirium set in from 3 o'clock after
midnight

24th Pulse distinctly perceptible, 120
Temp 97 Low muttering delirium with stupor,
from which she could be roused, and then she
could answer questions sensibly. Picking of the
red clothes. Bled in the morning. No stool
at present since freely at 1 1/2 P.M. The cough
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Having, in the recent epidemic of cholera in Calcutta, and also in this place, Baidyanath Dham, where I have come for a change, found Sulphur given in the beginning to act most beneficially in cases where the stools commence about midnight and are felt hot by the patient, I was going to administer this medicine to the patient almost as a matter of routine. But I was immediately reminded of the unscientific character of my procedure, and I therefore asked the patient if the stools that he was passing were felt by him to be hot. 'No,' he at once replied, and after a little reflexion, said 'on the contrary they are cold.' This made me desist from giving the Sulphur that I had in my hand. I had no recollection of any drug that has produced stools which are felt cold by the patient. I began to consult my repertories, and chiefly the Cypher Repertory. My search was fruitless regards the particular symptom which was the object of that search. But I stumbled upon one symptom which helped me. This was cold flatulence produced by *Conium*. Of course there was a vast difference between cold flatulence and cold stool. But still the former indicated the temperature of the parts through which the wind passed, and thinking that cold stool might indicate a similar condition I gave a

in particular, routine practice is most disastrous. I look upon the recent unfavourable results of the Homœopathic treatment of cholera in Calcutta and elsewhere, as due to this cause. Every case requires the strictest individualization, or bungling and failure must be the result. Every epidemic, if scrutinizingly studied, would be found to differ in some essential characters from previous epidemics. This is the reason why in one epidemic Camphor, in another Arsenic, in a third Veratrum, in a fourth Sulphur, &c., is found to succeed, and no other. It is absolutely necessary that the character of an epidemic, the *genus epidemicus*, as it is called, should be studied with care, in order that the work of prescribing may be both accurate and comparatively light. Of course it must be remembered, that this should not dispense with the study of each individual case in order to determine its own peculiarities, but the *genus epidemicus* having been ascertained, such study would be easier than it could otherwise be.

Cases of Cholera

Case I.—Hem Chandri Datta, aged 16, was attacked with diarrhoea in the morning of the 1st June. The diarrhoea assumed the choleric form in the afternoon. Was treated by an old ~~and~~ practitioner till 1 o'clock after midnight, when, when he was sitting in a Homœopathic practitioner was called. At 2 o'clock he was given Alb. 6

Abdomen painful to touch. No urine. Ars. 30.

8 P.M.—Patient restless and delirious; delirium of a furious character, eyes red. Stram. 6r. One dose was given at 10 P.M., another at 2 A.M. After the second dose patient slept quietly for 4 hours.

6th June, morning—Has passed several yellowish stools with a few drops of urine with each stool. Patient continues low. Stram. 6r at 8 A.M. Slept quietly for 4 hours up to noon. The sleep was so deep, that the patient's father thought we had given him a sleeping draught.

7th—Several stools with a few drops of urine at each stool.

At 3 P.M., made water about a poah (8 ounces). Patient low and drowsy. Opium 6. one dose. Slept well for 4 hours in the night.

8th—Stool and urine as yesterday, that is, frequent and scanty. Patient complains of great weakness and burning sensation all over the body, desires cold drinks, such as lemonade, coconut milk, &c. A. Phos. 6r, one dose at 7 P.M. another at 11 P.M. Diet, milk and barley. Slept well at night.

9th—Patient is gradually better. Complained of great weakness and burning sensation all over the body. Slept well at night. After

His stools became healthy and urine free. No medicine.

10th—In the afternoon there was slight rise of temperature which was 99.4. Diet, milk only. No medicine.

11th—Eruptions (miliary) appeared all over the body. Temp. at 4-30 P.M. 99.4. As the old school doctor had given Calomel, I ordered Sulph. 30, one dose.

12th—Eruptions the same. Temp. at 4-30 P.M. 99—less than yesterday. One more dose of Sulph. 30. Diet, wheaten hand-made bread.

13th—No more rise of temp. But eruptions just the same. Puls. 6, two doses.

14th—Eruptions better. Cont. Puls. 6.

He was all right in the course of a few days.

Remarks

In this, as in many similar cases, in which the stools are hot and commence early in the morning, the beneficial effects of Sulphur in changing the aspect of the disease were well seen. But it could not complete the cure though in many other cases it would prove curative. Arsenic was given, and it often has been in the present case, though it wonderfully overcame the drowsiness, and the free secretion of urine. The

which threatened to terminate life, in spite of improvement in the other symptoms, was successfully combated by Phosphoric Acid.

Case 2—Upendra Nath Datta, age 24, in the same house with the patient mentioned above, and in fact a relation of his, was attacked with the disease on the 31st May. He began to have loose stools at noon, which became rice-water at 5 P.M.

I was consulted about him on the same day that I visited the other patient, namely, on the 4th June. He was being attended by the same Homœopathic practitioner, Babu Kunja Lall Mullick. From him I got the following report of the previous days' progress of the case and its treatment --

31st May, 8 P.M.—Stools rice-water like, copious, body cold, perspiring copiously. Thirst unappeasing Stomach rejects every thing, even iced water Pulse not perceptible at the wrist. Eyes sunk in the sockets Voice husky Cramps in the lower extremities Ver Alb o and Cup Acet o in alternation

1st June, 8 A.M.—Deep collapse Aco ix, 2 doses at intervals of 4 hours Urine continues suppressed. Intense thirst Burning sensation

at 2 A.M. After the second dose patient slept quietly for 4 hours

5th, 7 A.M.—Abdomen slightly distended I ordered a few globules saturated with Tincture of Camphor to be given occasionally.

Evening—Patient again delirious, eyes congested, sordes on the teeth, urine suppressed, difficulty of breathing, taking at intervals of about 5 minutes a deep and long breath. *Apis* 6, one dose at 10 P.M. Urine, an hour after the dose of *Apis* about 1 poah (8 ounces), again at 3 A.M. the same quantity. Slept quietly.

6th—No stool, but urine three times, about $\frac{1}{2}$ poah (4 ounces) each time. Patient continues very low, drowsy, not answering when called. *Opium* 6, one dose.

7th—No stool, urine 5 times. Not so low, drowsiness less. Diet milk and barley.

Evening—Temperature rose to 100. Again very low; tip of tongue dry. *Opium* 6, one dose

8th—No stool, bed sores over the sacrum. Urine free *Nux V* 6, one drop. Diet, milk and barley.

Evening Temp rose to 100 Patient continues very weak Eyes same as before

9th—No stool for 90 hours Urging to stool, but ineffectual Feels very uneasy on account of

greater eagerness. The medicine was repeated.

I visited him again on the 10th at 11 A.M. I found him sleeping. I could feel the liver which was slightly enlarged. The stools were still of the same character, and 5 in number during day and night. I omitted *Arg. N.*, and gave some globules of *Nihilum* (Placebo).

12th—Report was brought to me to the effect that the number of stools has increased, being now 6 instead of 5 in 24 hours. They were more in day than in the night, frothy, and more diarrhoeaic than dysenteric, and still passed with flatus. *Ipec. 6x*, globules.

14th—No better. Stools of the same character. *Acalypha 3x*, globules. On the 20th report was that he was much better. Gave some *Nihilum* globules. I heard no more of him, from which I conclude he must have recovered, otherwise the father, who had great faith in me, would certainly have come to me.

A Case of peculiar sequela of Influenza

Jotindra Mohan Chatterjee, a resident of Bhowanipur, aged 18, came to me on the morning of the 23rd inst (Aug) for a troublesome complaint from which he was suffering for three years after an attack of Influenza. The complaint

Quin. sulph. during intermission. The temperature rose up to 104° on that night. The next day (29th October) he was again given Quin. sulph. in 1 gr. doses once in the afternoon and again at about 8 P.M. During the night the temperature remained normal, but it commenced to rise from the morning of the 30th instant. At 5 P.M. the temp. was 105·5°. On auscultation moist crepitations were heard at the base of the right lung, but there was no dulness present. Some crackles also could be heard here and there over both the lungs. He was given the following mixture

Ammon Carb gr i
 Liqr Ammon Citratis ʒss
 Spt aether nitrosi mʒ
 Vin Ipecac mss
 Syr Simp mʒ
 Aqua ad ʒii

Mix for one dose, a dose to be taken every three hours. Three doses of this mixture were given.

31st October, 6-30 A.M. Temp. came down to 101·5°. At about 9 A.M. Dr. Sircar was called in. The temp. was then 99°. no stool for two days. He prescribed Nux V. four globules of which were given at once. At 11 A.M. had one waste motion. At 1 P.M. Temp. 101·4°. 2-30

temp. 102.2, at 8-30 P.M. 102.4, at 10 P.M.
101.8, 2 globules of *Phos.* 6x.

3rd, 1 A.M. —Temp. 101·2°, resp. 40. 6-30 A.M. —temp. 100°, 2 globules of Phos. 6x. 9 A.M. —temp. 100°. No crepitation could be heard over the left lung. The right lung on percussion more resonant and the number of crepitations fewer. 10 A.M. —temp 100·4°; resp. 40. 1 P.M. —temp. 99·4°. Appears much better, could sit up and play. Temp. at 4-30 P.M. 99·2°, at 8 P.M. temp 99°.

4th, 6-30 A.M.—Temp 97. The right lung almost perfectly clear, no more crepitations. Sibilant and sonorous rhonchi could be heard here and there over both the lungs. The cough was dry and distressing. No medicine.

5th, 6-30 A.M.—Temp. 98. Cough dry. 2 globules of Ipa. 6x 7 P.M.—temp 98. 2 globules were again given.

6th—The cough easier. Since the first inst. the patient has had no stool, to-day he passed a corny healthy stool.

The patient steadily improved and is now
very all right.

Potential:

the same way as the other two, but the results are not as good. The results are shown in Table 1. The results show that the results are not as good as the other two, but the results are not as good as the other two.

and the diarrhoea from which he was suffering developed into cholera by midnight, with both vomiting and purging. Yesterday up to noon was under old school treatment. Since then has been under a Homœopathic practitioner, who having left Calcutta, I was sent for. The symptoms at the time I visited were, thin, almost watery stools, but much less frequent than before; incessant nausea, and vomiting ten to fifteen minutes after drinking water which he was obliged to take often on account of the intense thirst; pulse barely perceptible at the wrist. Thinking this might be an aggravation of the Arsenic which he in all probability had received from the Homœopathic practitioner, I gave him *Ipec.* 6x in globules, a few (3 or 4) to be given every hour. Report came to me at 10 P.M. that he was better, the vomiting having become decidedly less. Sent him a few more globules.

27th. 3rd day. 10th day. 15th day. 20th day. 25th day. 30th day. 35th day. 40th day. 45th day. 50th day. 55th day. 60th day. 65th day. 70th day. 75th day. 80th day. 85th day. 90th day. 95th day. 100th day. 105th day. 110th day. 115th day. 120th day. 125th day. 130th day. 135th day. 140th day. 145th day. 150th day. 155th day. 160th day. 165th day. 170th day. 175th day. 180th day. 185th day. 190th day. 195th day. 200th day. 205th day. 210th day. 215th day. 220th day. 225th day. 230th day. 235th day. 240th day. 245th day. 250th day. 255th day. 260th day. 265th day. 270th day. 275th day. 280th day. 285th day. 290th day. 295th day. 300th day. 305th day. 310th day. 315th day. 320th day. 325th day. 330th day. 335th day. 340th day. 345th day. 350th day. 355th day. 360th day. 365th day. 370th day. 375th day. 380th day. 385th day. 390th day. 395th day. 400th day. 405th day. 410th day. 415th day. 420th day. 425th day. 430th day. 435th day. 440th day. 445th day. 450th day. 455th day. 460th day. 465th day. 470th day. 475th day. 480th day. 485th day. 490th day. 495th day. 500th day. 505th day. 510th day. 515th day. 520th day. 525th day. 530th day. 535th day. 540th day. 545th day. 550th day. 555th day. 560th day. 565th day. 570th day. 575th day. 580th day. 585th day. 590th day. 595th day. 600th day. 605th day. 610th day. 615th day. 620th day. 625th day. 630th day. 635th day. 640th day. 645th day. 650th day. 655th day. 660th day. 665th day. 670th day. 675th day. 680th day. 685th day. 690th day. 695th day. 700th day. 705th day. 710th day. 715th day. 720th day. 725th day. 730th day. 735th day. 740th day. 745th day. 750th day. 755th day. 760th day. 765th day. 770th day. 775th day. 780th day. 785th day. 790th day. 795th day. 800th day. 805th day. 810th day. 815th day. 820th day. 825th day. 830th day. 835th day. 840th day. 845th day. 850th day. 855th day. 860th day. 865th day. 870th day. 875th day. 880th day. 885th day. 890th day. 895th day. 900th day. 905th day. 910th day. 915th day. 920th day. 925th day. 930th day. 935th day. 940th day. 945th day. 950th day. 955th day. 960th day. 965th day. 970th day. 975th day. 980th day. 985th day. 990th day. 995th day. 1000th day.

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port
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at

the patient was very much distressed by the cough, and was unable to sleep. The cough was very much increased by the use of the opium, and the patient was very much distressed by the cough, and was unable to sleep. The cough was very much increased by the use of the opium, and the patient was very much distressed by the cough, and was unable to sleep.

A Case of Empyema.

Abbas, son of M. Mohamed, aged 18, resident in the hospital, died of the disease. He was brought to the hospital on Tuesday, the 27th September. He was suffering from fever of the remittent type for the last 15 days, with a relaxation in the evening. There was much emaciation and considerable dyspnoea. On examination the pole of the left side of the chest was dull on percussion. There was just a slight respiratory murmur at the apex of the left lung. The costal spaces were as if they were filled up and most bulging as if from fluid pressure from them. There was much cough but no rales in either lung. Heart beats exaggerated and a considerable bulging of the precordial region. The right side of the chest was slightly enlarged. The patient died on the 30th of the month.

skin, but no enlargement of the liver. Tongue slightly furred.

I diagnosed the case to be one of pleuritis of the left side with effusion filling up the whole of the pleural cavity, causing shrinking of the whole of the left lung, and probably also pericarditis with effusion. I gave *Bryo*. 2x.

29th Sept —Report was that the patient was better, fever and cough and dyspnoea were less. Continued *Bryo* 2x.

30th —Report was brought in the morning that the cough was worse, but in other respects much the same. Thinking the increase of cough was due to an aggravation of *Bryo*. 2x, gave *Bryo*. 4x.

2nd Oct —Report of strong fever yesterday. Sent *Acto* 2x.

4th —Fever less but cough worse. *Bryo* 6x.

8th —Patient brought in the morning. A swelling, about the size of a small orange with distinct fluctuation, was observed about 3 inches below left nipple. The dulness of left side was the same as before. Fever was less but cough not better. The swelling appeared to me to be due to a collection of pus. It is the first time I have seen such a swelling. The apex of the swelling was about 1 inch from the nipple. It was

and also to allay the cough which was very troublesome.

13th—Report came that the patient was better as respects the cough, otherwise much the same. Continued Sulph. 30.

14th—Patient's father reported that the swelling had increased and become more fluctuating. As my own health did not permit me to visit the patient at his house, and as I thought it too risky to bring him over to mine, I asked the father to have the swelling explored by a medical friend of mine who resides in his neighbourhood, and to make a small incision if there be pus.

17th—Report was that the swelling was explored and incised yesterday, as I had directed, with the result that about 4 pounds of pus had come out. Stopped medicine.

18th—Report that the discharge through the opening made is pure pus, and about $\frac{1}{2}$ lb. daily. Patient feeling better. No medicine.

20th—Patient brought to me in the morning. The pus freely discharging. A considerable amount of pus is coming out of the opening. The patient is feeling better. No medicine.

continued till the 4th November, after which the improvement being stationary, I changed the dilution to the 30th centesimal which was continued till the 10th. But no further improvement following I again stopped all medicines.

18th Nov —Report was that the patient was almost the same, the slight fever hanging on still. Gave Sulph. 30. From this day improvement became rapid. The discharge ceased and the opening through which it was flowing healed up in a day or two. The fever and the cough disappeared in about a week. The appetite increased and there was great cry for more food than was allowed.

16th Dec —Patient brought this morning. I was glad to find him nearly all right, the fistulous opening quite healed, the respiration fully established in the upper and partially in the lower part of the affected lung though still frequent, being 28 in a minute the swelling over the precordial region quite gone. Continued Sulph., and ordered a bath to be given to-morrow.

21st Patient brought. Found him better still. Stopped all medicine.

Remarks

It is difficult to say whether this was a case of suppurative pleurisy from the beginning or of simple

have a fit of convulsion which lasted 4 hours, and was attended with vomiting, the vomited matters coming out even through the nose. On the following day, the 17th day after the fall, there was another fit of convulsion attended with vomiting. The child was better for 2 days after which he had a fit of convulsion again, but there was no vomiting this time, instead of which there was violent diarrhoeaic motion just before this fit, or rather just as the fit commenced. The stools since passed are not diarrhoeaic but hard and covered with whitish slime. Since the fall the child has become very timid and fearful. Prescribed *Alumina* 6

Jan 10—Child was brought in the morning. He was better, has had no more fit. Repeated the medicine

Feb. 2—Report by the father. No more fit, but had fever from the 17th to the 21st January which was cured by *Rll* 6. There is some timidity still. Gave some unmedicated globules with instructions to bring the child again if worse. The child was well for two months and then he took the medicine after some time. He had a fit of convulsion at this time. The medicine was repeated and was placed

stiffness of the posterior muscles of the neck with most excruciating pains from the slightest movement. On inquiry I found that this was brought on by a bath in very cold water. There was a constant pain in the part which was described as of a throbbing character, but the pains that would come on from movement, however slight, to one side or the other, or forward or backward, were so torturing that the patient had to sit upright like a board without being able to rest her head upon a pillow, and thus had to pass two nights without a wink of sleep.

There was a temptation to try *Bryonia* from the aggravation from movement and from symptoms in its pathogenesis similar to those of the patient, but having regard to the cause I gave *Dukamara* (a), and the result was remarkable. The medicine was given at 9 in the evening and the first result was felt in four

hours, the pain being less in intensity.

11.1.18

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11.1.18

Gummi Gutti 6x, a few doses (globules), in three days effected a complete recovery.

**A Case of Psoriasis in a Parrot with
Discolouration and Dropping Off of Feathers,
cured by Arsenic**

A beautiful parrot of the Channana variety was caught about a year ago. It was apparently in full health. Its feathers were bright green with red streaks on the middle of the upper surface of the wings. It was put in a cage. After about a couple of months' confinement, it was noticed that feathers were dropping off, first from the breast, then from the wings and from the tail. Most of the downy feathers of the breast became white before dropping off. In the course of three or four months, the bird had lost so much of the feathers of the wings and of the tail that it was unable to fly, so during the day it was let out of the cage and allowed to walk about, and after nightfall was put in its cage again. Notwithstanding this continued loss of feathers, the bird did not show any other signs of illness. It continued to eat from its accustomed food, and to drink from its accustomed water. It was, however, very restless, and would frequently utter a harsh, grating cry, which was very annoying to the owner. The bird was kept in this state for about a year, when it was taken to a veterinary surgeon, who advised the use of arsenic. The bird was given a few doses of arsenic, and after a few days the feathers began to grow again. The bird was kept in this state for about a year, when it was taken to a veterinary surgeon, who advised the use of arsenic. The bird was given a few doses of arsenic, and after a few days the feathers began to grow again.

regained its full and beautiful plumage. It became quite a pet with me and I had expected that it would for some years to come remain a monument of the great genius which had discovered the true science of healing which was to be a blessing not only for mankind but for the animal world as well. But alas! on the 18th June, a feast day in my house, the ladies forgot to put the bird in its cage, and at midnight it was caught by a cat and made a meal of, to the grief of the whole family and specially of myself

Remarks

This was truly a remarkable case. It not only demonstrated that Homœopathy was applicable to the lower animals, thus pointing to the similarity of structure and function throughout the animal world, but it showed also how sometimes high dilutions act beneficially and even one dose sufficing to effect the cure of a long existing disease. When I administered the 30th Arsenic, I did not expect any improvement, at least in so short a time, and I would have repeated the dose in a few days. The improvement followed in the course of a few days, and the bird was perfectly healthy in the space of a week. The case is a most remarkable improvement in the treatment of a long existing disease, and only one dose of a high dilution of Arsenic was required to effect the cure. The bird was perfectly healthy in the space of a week.

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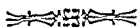
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